

# NICU: Nasal/Oral Suctioning

## Site Applicability

St. Paul's Hospital Neonatal Intensive Care Unit (NICU)

## Practice Level

*Specialized:*

- NICU Registered Nurse, Registered Respiratory Therapist

## REQUIREMENTS

Suctioning must be performed only when necessary to maintain airway patency. Mouth and nasal suctioning must be performed prior to endotracheal tube suctioning on intubated infants.

## Need to Know

Nasal/oral suctioning can be uncomfortable, may be traumatic to the nasal/oral mucosa and is disruptive to developmental supportive care. If secretions can be removed without suctioning, using a wipe is the preferred method.

Indications for suctioning are:

- A. In response to clinical assessment of the infant i.e.: desaturations, bradycardia, cyanosis, and increase in secretions
- B. When changing CPAP prongs or an endotracheal tube

Utilize developmental supportive care strategies during suctioning procedure: ensure arms and legs are flexed and as midline as possible; provide containment, and provide opportunities to self-regulate.

## Equipment and Supplies

1. Manual resuscitation equipment (appropriate size mask and oxygen tubing). Neopuff T-piece resuscitator
2. Purpose made soft nasal aspirator
3. Suction regulator with collection canister
4. 1 or 2, 5 mL 0.9% NaCl AddiPak solution
5. 30 mL plastic medicine cup
6. Clean gloves

## Guideline

### Steps

Procedure	Notes
1. Collect equipment	
2. Wash hands	
3. Attach suction device to suction connector tubing	
4. Check and set suction pressure to 80 mmHg	Suction pressure over 80 mmHg can lead to nasal trauma and bleeding
5. Ensure manual resuscitation equipment is in a state of readiness	
6. Glove	Nasal/oral suctioning is a clean procedure
7. If the infant is on CPAP and requires support while off CPAP, obtain assistance from another nurse or RT	
8. Rinse aspirator clear with 0.9% NaCl Addipak solution	
9. Suction mouth and oropharynx first, if needed	To decrease the risk of bacterial contamination stimulation of the nares causes reflex inspiration with possible inhalation of oropharyngeal contents
10. Remove prongs/mask. Administer supplemental oxygen as required via Neopuff	Infants may have brief desaturations or drops in heart rate during suctioning and may require supplemental oxygen for recovery to target SpO <sub>2</sub>
11. Instill one or two drop of 0.9% NaCl Addipak solution in to naris	To help release secretions
12. Occlude opposite naris gently with finger	To create vacuum to help release secretions
13. Insert the aspirator 0.5 cm into the naris and apply suction	Do not attempt to insert aspirator further into the naris, this will avoid trauma
14. Allow infant to recover between suction attempts	
15. Repeat steps 12 to 15 for opposite naris	
16. Reapply prongs/ mask (if infant is on CPAP)	

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17. Squeeze enough 0.9% NaCl solution into a medicine cup to rinse aspirator until clear	
18. Replace aspirator into package. Discard after 24 hours.	Package must be labelled with date to be discarded
19. Remove gloves. Wash hands.	

### Documentation

Document indications for suctioning, type and amount of secretions and the infant's response in Cerner → NICU Systems Assessment → RESPIRATORY

RT will document independent assessment in Cerner.

### Related Documents

1. [B-00-12-10104](#) - NICU: Nasal CPAP
2. [B-00-12-12099](#) - Nasal CPAP (non-Invasive) for Neonates (Respiratory Therapy)
3. [B-00-12-12089](#) - Suction and Installation: NEONATES Using an Open Catheter (Respiratory Therapy)
4. [B-00-12-12097](#) - Neopuff Infant T-Piece Resuscitator (Respiratory Therapy)

### References

1. Adapted from "Nasal/Oral Suctioning," by the Neonatal Program at BC Women's Hospital. (2015). NICU Policies and Procedures. p. 1-2. Adapted with permission.
2. Merenstein and Gardner, "The Handbook of Neonatal Care" 6th Edition 2006, Chapter 23. 606.

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