Clinical Practice Procedures:
Airway management/Suctioning

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Date
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Purpose
To ensure a consistent procedural approach to Suctioning.

Scope
Applies to all QAS clinical staff.

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Critically ill patients have a weakened ability to spontaneously clear secretions. The appropriate suctioning of soiled airways decreases the risk of aspiration, promotes optimal pulmonary gas exchange and prevents nosocomial pneumonia.

The QAS supplies three (3) suction adjuncts:

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<th>Y suction catheter</th>
<th>(size 6, 8, 12 &amp; 16 FG)</th>
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<td>Yankauer catheter</td>
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<td>Meconium aspirator</td>
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**Y suction catheter**
A soft flexible catheter typically used for suctioning endotracheal tubes. Additionally suitable for the suctioning of the patient's nares, nasopharynx, oropharynx, stoma, tracheostomy and airway adjuncts.

**Yankauer catheter**
Rigid plastic catheter with a large suction tip surrounded by a bulbous head used to remove secretions from the oropharynx and external nares.

**Meconium aspirator**
Rigid plastic suction aid used in conjunction with an ETT to aid in the removal of meconium.
**Indications**
- The removal of airway secretions/debris that are unable be spontaneously cleared.

**Contraindications**
- Nil in this setting

**Complications**
- Hypoxia
- Airway trauma
- Stimulate coughing or gagging
- Vaginal stimulation

**PROCEDURE – Airway suctioning (excluding meconium)**

1. If appropriate, ensure patient is preoxygenated prior to procedure.
2. Select appropriate suction catheter.
3. Ensure catheter is connected to suction tubing and suction tubing is connected to an appropriate suction device.
4. Test for adequate suction by occluding the catheter’s side port.
5. Under direct vision gently insert the catheter without occluding the side port. *(Refer to the specific insertion techniques below)*
6. Occlude the catheter’s side port to commence suctioning whilst gradually withdrawing the catheter – suctioning should be limited to ≤ 10 second episodes.

**Specific insertion techniques include:**
- **Nasopharyngeal** – gently insert the catheter on a downward slant through one nostril along the floor of the nasal cavity to enter the nasopharynx.
- **Endotracheal / Tracheostomy** – gently insert the catheter into the tracheal tube to the appropriate depth.
- **Airway stoma** – gently insert the catheter into the stoma opening until resistance is felt.
Procedure – Airway suctioning (meconium)

PROCEDURE – Airway suctioning (meconium)

1. Ensure meconium aspirator is connected to suction tubing.
2. Intubate newly born with appropriately sized ETT.
3. Once successfully intubated, connect larger end (15 mm OD) of meconium aspirator to ETT adapter.
4. Occlude suction control port to regulate suction.
5. Whilst suctioning, gently withdraw the ETT to remove meconium – suctioning should be limited to ≤ 2 second episodes.

Additional information:

- The potential for aerosolised sputum exposure is HIGH. All precautions that serve to minimise risk to the clinician are to be applied.
- The size of the Y suction catheter should be less than half the internal diameter of the endotracheal/tracheostomy tube.