ENDOTRACHEAL TUBE SUCTIONING

Purpose: To facilitate removal of secretions and maintain patency of the ET tube.

Equipment:
1. Sterile suction catheter of appropriate size (not more than 2/3 the size of the ET tube)
2. Sterile disposable gloves
3. Supplemental oxygen source and oxygen tubing
4. Resuscitation bag
5. Vacuum source and connecting tubing
6. Sterile H2O
7. Syringe with sterile normal saline
8. Personal Protective equipment

Contraindications/Hazards/Complications:
1. Hypoxia
2. Vagal stimulation: Cardiac arrhythmia
3. Tracheitis.
4. Damage to mucosal membranes.
5. Airway occlusions.
6. Sudden death.
7. Bleeding disorders.

Procedure:
1. Evaluate patient to determine if suction is necessary (i.e. breath sounds, tactile fremitus, etc.).
2. Assemble equipment
3. Prepare resuscitation bag (check that oxygen is on) and verify that suction is set at 60-80 mmHg.
4. Wash hands thoroughly.
5. Carefully open catheter kit.
6. Pre-oxygenate infant for a brief period (one or two minutes with the FiO2 increased by 10-15% above the delivered FiO2).
7. Put glove on dominant hand.
8. Pick up vacuum control end of catheter with gloved hand then attach to vacuum connecting tubing.
9. Disconnect patient from ventilator and instill 1/2cc of sterile normal saline to irrigate, if necessary.
10. Bag patient with increased FiO2 (5-10% above set FiO2); observe color and oxygenation trends during the procedure.
11. Introduce catheter into ETT and watch cm markings on catheter. Match cm markings form ETT and catheter and pass 1 cm. Apply suction for no longer than 15 seconds.
12. Again bag patient with increased FiO2 (10 - 15% above set FiO2. Observe patient's heart rate, color, breath rate, etc.
13. After completion of endotracheal suction, nares and oropharynx should be suctioned gently prior to disposal of the catheter.
14. Once the catheter and glove have been disposed of, the vacuum connecting tubing should be rinsed with sterile H2O. The oxygen concentration must be returned to pre-suctioning FiO2, if indicated.
15. Auscultation will determine whether a second suctioning episode is indicated.
16. The color, consistency and amount of secretions aspirated should be documented.
Infection Control:

1. Universal Precautions should be followed during this procedure.
2. Aseptic technique should be used.
3. Personal protective equipment should be worn.

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