

AIRWAY – SUCTIONING

1. Level: EMT, AEMT, Paramedic, RN
2. Clinical Indications: Obstruction of the airway (secondary to secretions, blood, or any other substance) in a patient who cannot maintain or keep the airway clear
3. Procedure:
 - 3.1. Ensure suction device is in proper working order with suction tip in place.
 - 3.2. Preoxygenate the patient.
 - 3.3. Explain the procedure to the patient if they are coherent.
 - 3.4. Examine the oropharynx and remove any potential foreign bodies or material which may occlude the airway if dislodged by the suction device.
 - 3.5. If applicable, remove ventilation devices from the airway.
 - 3.6. Estimate the length of suction catheter by using the distance from the corner of the patient's mouth to the earlobe.
 - 3.7. Turn the patient on the side to allow free secretions to flow from the mouth.
 - 3.8. Use the suction device to remove any secretions, blood, or other substance.
 - 3.8.1. Suction should be limited to 15 seconds. It is important to ventilate and oxygenate the patient before and after each suctioning attempt.
 - 3.9. The alert patient may assist with this procedure.
 - 3.10. Reattach ventilation device (e.g., bag-valve mask) and ventilate or assist the patient.
 - 3.11. Record the time and result of the suctioning in the electronic Patient Care Record (ePCR).
4. For obstruction of the airway (secondary to secretions, blood, or any other substance) in a patient currently being assisted by an airway adjunct such as a nasotracheal tube, endotracheal tube, supraglottic airway, tracheostomy tube, or a cricothyrotomy tube.
 - 4.1. Procedure:
 - 4.1.1. Ensure suction device is in proper working order.
 - 4.1.2. Preoxygenate the patient.
 - 4.1.3. Attach suction catheter to suction device, keeping sterile plastic covering over catheter.
 - 4.1.4. Measure the depth desired for the catheter (judgment must be used regarding the depth of suctioning with cricothyrotomy and tracheostomy tubes).
 - 4.1.5. If applicable, remove ventilation devices from the airway.
 - 4.1.6. 3-5 ml of sterile water or normal saline may have to be injected into the tube to help loosen thick secretions.
 - 4.1.7. With the thumb port of the catheter uncovered, insert the catheter through the airway device.
 - 4.1.8. Once the desired depth has been reached, occlude the thumb port and remove the suction catheter slowly.
 - 4.1.9. Suction should be limited to 15 seconds. It is important to ventilate and oxygenate the patient before and after each suctioning attempt.
 - 4.1.10. Reattach ventilation device (e.g., bag-valve mask) and ventilate the patient.
 - 4.1.11. Document time and result in the electronic Patient Care Record (ePCR).