RATIONALE

Upper airway suctioning is performed to remove secretions from the oropharynx or trachea. The purpose of oral suction is to maintain oral hygiene and comfort for the patient. Tracheal suction may be necessary to maintain the patency of an airway, improving ventilation and oxygenation, of patients who are unable to clear their own secretions by coughing effectively. The frequency of suctioning will vary with individual patients, according to their clinical need.

Oral and tracheal suction are methods of clearing secretions by the application of negative pressure via either a yankauer sucker orally or an appropriately sized tracheal suction catheter.

AIM

The aim of this protocol is to support health professionals when clearing upper airway secretions from patients using suction to ensure that standards of best practice are consistent when managing patients in the community.

TARGET GROUP

All registered health professionals employed by NHS Wirral who provide clinical care for patients in the community setting are required to follow this protocol as part of their role and job description. Staff working in specialist units to follow the protocol or procedure of specialist hospital.

TRAINING

All health professionals to attend discharging ward prior to patients discharge to observe procedure.

INDICATIONS FOR ORAL SUCTIONING

Patients may require oral suctioning for the following conditions:

- Patient has undergone head and neck surgery
- Impaired conscious level
- Absent or impaired swallow reflex
- The patient produces abnormal quantity or quality of mucous production, e.g. Cystic Fibrosis
- They are unable to expectorate secretions effectively
CONSIDERATIONS FOR ORAL SUCTIONING

- Care should be taken when carrying out oral suctioning to avoid trauma to the oral mucosa, particularly with patients with clotting disorders
- Infection can occur during suctioning technique. Staff should practice standard infection control precautions to ensure that the procedure is a clean procedure.
- Suction should never be applied during insertion of the suction catheter
- Suction is to be performed in the oral cavity only.
- Check suction machine is working correctly
- Set suction machine to the correct pressure
- For cleaning of the suction machine follow manufacturers instructions
- Dispose of waste as per clinical waste policy

ORAL SUCTION CATHETERS

- All catheters should be used as instructed by the manufacturer.
- All catheters should be checked for their size and the expiry date.

TRACHEAL SUCTIONING

CLINICAL INDICATIONS FOR TRACHEAL SUCTIONING

- Coarse, noisy breathing (stridor)
- Blocked or occluded tracheotomy tube
- Obtain samples for culture & sensitivity
- Impaired conscious level
- Increased or decreased rate of respiration
- Decreased oxygen saturations
- Patient inability to clear his or her own secretions
- Where possible the patient should be encouraged to expectorate secretions to avoid unnecessary suction.

CONSIDERATIONS

- The suction catheter must only be inserted 1cm below the end of the artificial airway.
- Do not twist or stir the catheter as you withdraw the catheter or use a trombone action as you withdraw the catheter (Move the catheter back and forth)
- If patient is oxygen dependent, hyperoxygenate for a period of 3 minutes, to minimise the risk of acute hypoxia.
- Check the suction pressure is set to the appropriate level
- Follow manufactures instructions for using suction machine
- Where possible, ensure patient in upright position
- Ensure staff use appropriate personal protective equipment
- Aseptic technique should be considered an essential component of the tracheal suctioning procedure to reduce the risk of infection.
- An incorrect choice of catheter, poor technique and the use of an excessively high suction pressure may lead to mucosal trauma.
- Prolonged suction may result in infection if the mucosa membrane is traumatised and the patient may experience a choking sensation.
- The suction procedure should not exceed 10-15 seconds to avoid potential hypoxia.
- Suction is only applied on withdrawal of catheter
- A maximum of 2 suction catheters should be passed to avoid hypoxia.
- Tracheotomy tubes that contain an inner tube may require cleaning or replacing
- Consider changing / replacing the tracheotomy tube set if problems with patency persist

**TRACHEOSTOMY SUCTION CATHETERS**
- All catheters should be used as instructed by the manufacturer.
- All catheters should be checked for their size and the expiry date.
- Choosing the correct suction catheter depends on the size of the tracheostomy tube. As a guide, the diameter of the suction catheter should not exceed one-half of the internal diameters of the tracheostomy tube.
- Suction catheters that contain an integrated on/off vacuum control should always be used (Aeroflo)

**DISPOSAL OF SUCTION WASTE**
- Consider need for and arrange (if appropriate) for clinical waste to be collected by home collection service
- Guidance is for safe removal of suction liners to be stored and disposed of in a rigid leak proof container (this may be a sharps container). If further advice needed contact the Environment and Energy Project Manager.

**ADVANCE CARE PLANNING (IF APPROPRIATE)**
- Advance care planning is a process involving discussion between an individual and their care providers and should be based on the needs of the patient. It is the process for supporting people and those important to them in planning for their future as their condition progresses.
- An example of an advance care plan would be preferred priorities of care document. Health professionals need to know what is important to patients when planning care and patients should be encouraged to share it with other professionals involved in their care, especially when they are no longer able to self care

**PRIOR TO DISCHARGE POINTS TO CONSIDER FOR TRACHEOSTOMY CARE**
- The discharging hospital must make contact or liaise with community teams to ensure safe discharge of the patient.
When accepting a patient onto the caseload who requires tracheostomy suctioning, all health professionals to attend discharging ward prior to patients discharge to observe procedure.

Discuss care plan, type of suctioning with ward staff and patient/carer and involve WAPS and Out of Hours teams e.g. weekend staff.

Ensure patient has any emergency equipment required in the event of the tracheostomy falling out or becoming blocked.

Clarify that the discharging hospital is responsible for teaching patients and carers the procedure for suctioning before transfer of care to the community setting.

Check the discharging hospital are supplying sufficient amount of equipment prior to discharge, to allow community nurses adequate time to order appropriate equipment needed.

Obtain appropriate codes for online ordering equipment.

Clarify approval to order equipment with line manager.

Organise or consider disposal of clinical waste from the patients home.

**ON ADMISSION TO CASELOAD**

Discuss advance care planning with the patient and family for when the patient can no longer self care.

Devise care plan and discuss cardio-pulmonary resuscitation status with the patient and carer for when the patient can no longer self care (if appropriate).

Ensure all health professionals are aware of plan of care and any preferred priorities of care or advance care planning.

Ensure Out of Hours and weekend staff are aware of the patients current clinical condition.

Following agreement with line manager arrange for on line ordering of equipment.

**CLINICAL INCIDENTS**

Any clinical incidents or near misses must be reported following NHS Wirral incident reporting policy.

**REFERENCES**