

Quick Look Procedure Resource for NON-CRITICAL CARE staff

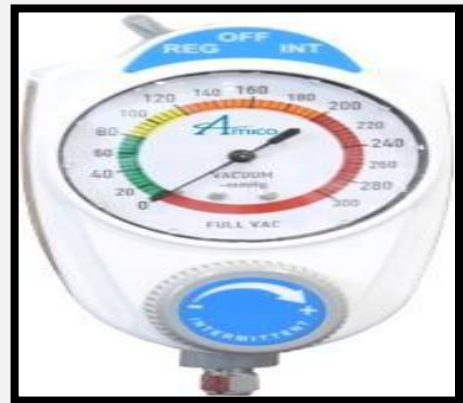
Inline suction of patients with endotracheal or tracheostomy tube

1. Patient is coughing
2. Falling oxygen saturations (SpO₂)
3. Hear (bubbling noise), feel, see (in ETT tube, circuit) secretions

HOW TO PERFORM

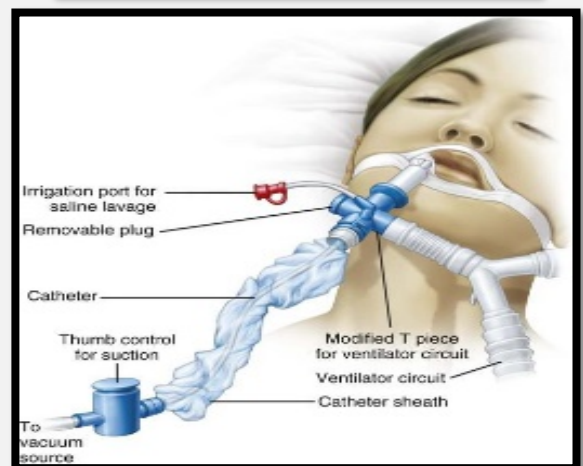
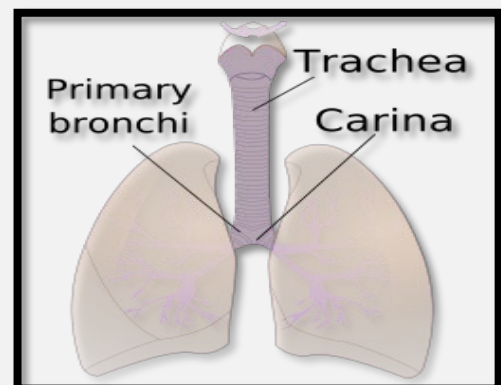
1. Suction equipment

- Check suction equipment is working i.e. disconnect the suction from the inline catheter and test on gloved hand
- Check suction pressure is between 11-16Kpa(80-120mmHg)
- Can use up to 20kpa/150mmHg if thick secretions
- Normal saline to flush the inline suction



2. Suction procedure

- Hyper-oxygenate patient – done via button on ventilator – an ICU nurse will show you
- Gently insert the inline suction catheter until stimulates a cough reflex
- This is usually when the carina is reached
- Withdraw the catheter 2 cm before applying suction – DO NOT apply suction to the carina
- Patients receiving a paralyzing agent will not cough – but you will feel when you reach the carina – again withdraw 2 cm before applying suction
- Apply continuous suction drawing catheter withdrawal for max 15 seconds
- If another suction is required allow 60 seconds before repeating
- Document secretion consistency, volume, colour



KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP

1. Suctioning can worsen BP/HR instability & O₂ levels – if this happens **CALL** for **HELP**
2. Always wear PPE
3. **ONLY** suction when needed – avoid repeated suction -harmful & distressing
4. If unsure ask for help from ICU nurse or physiotherapist, **NEVER** attempt if not sure how to perform