Guidelines for NON-CRITICAL CARE staff

Suctioning Intubated Patients

- Artificial airways such as Endotracheal (ET) tubes or tracheostomy tubes can inhibit the patients’ ability to cough or clear secretions, so they may need suctioning to help clear their chest.
- Indications for suctioning can include: coughing persistently, a drop in oxygen saturations, audible secretions, a drop in tidal volume or increased airway pressure on the ventilator, or an increased respiratory rate.
- Suctioning can cause respiratory and cardiovascular instability, so there is a procedure that must be adhered to in order to minimise these risks.

**Suctioning procedure**

1. Prepare the patient
   - Explain what you are going to do and why
2. Pre-oxygenate the patient, to help minimise risk of CVS instability
   - Press the 100% flush button on the ventilator
3. Check the in line suction tubing is clean
   - Ensure the suction is set to between 13.5-20kPa, to prevent trauma to the airway
4. Pass suction catheter until a cough is initiated, or you have passed beyond the airway by approx 2cm
   - Withdraw catheter by 0.5cm, then apply suction and withdraw, taking 15secs max
5. Ensure the patient resumes normal ventilation and oxygen saturations after 30 seconds
   - Flush the in line suction catheter with a pink saline vial

*If the patient drops their sats or isn’t ventilating properly, get help immediately*