

# Endotracheal Tube and Tracheostomy Tube Suctioning – CE

## CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene and donned PPE as indicated for needed isolation precautions.				
Introduced self to the patient.				
Verified the correct patient using two identifiers.				
Assessed the patient for signs of airway compromise or inadequate oxygenation.				
Provided reassurance and support to the patient to demonstrate an understanding of his or her dependence and vulnerability.				
Assisted the patient to a comfortable position, generally a semi-Fowler or Fowler position.				
Enlisted additional staff to assist with the procedure as needed.				
Determined the appropriate depth to advance the suction catheter.				
Tested the suction device at the beginning of the shift and upon suction setup to ensure that it was operational.				
Identified the proper size of suction catheter to use by first multiply the tube’s inner diameter by 2 and then selecting the next smallest size catheter				
<b>Closed-Suction Technique</b>				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient’s signs and symptoms and indications for isolation precautions.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Turned the suction apparatus on. Adjusted the vacuum regulator to less than 150 mm Hg. Used only the amount of suction necessary to remove secretions effectively.				
Checked the negative pressure of the suction apparatus by occluding the end of the suction tubing before attaching it to the suction catheter.				
Connected the suction tubing to the suction port or unlocked the thumb valve, according to the manufacturer’s instructions.				

# Endotracheal Tube and Tracheostomy Tube Suctioning – CE

## CHECKLIST

S = Satisfactory    U = Unsatisfactory    NP = Not Performed

Step	S	U	NP	Comments
Considered administering 100% oxygen for 30 to 60 seconds before suctioning.				
With the dominant hand, gently but quickly inserted the catheter into the artificial airway with the control vent of the suction catheter opened.				
1. In patients at high risk for suction-related complications, inserted the catheter into the artificial airway until it emerged out of the end of the airway.				
2. In patients not at risk for suction-related complications, inserted the catheter into the artificial airway until resistance was met and then pulled it back 1 to 2 cm.				
Using the dominant thumb, depressed the control vent of the suction catheter to apply continuous suction while completely withdrawing the catheter into the sterile catheter sleeve within 15 seconds. Using the nondominant thumb and forefinger, stabilized the airway while withdrawing the catheter. Ensured that each suction pass lasted less than 15 seconds to minimize decreases in oxygen saturation. Did not instill 0.9% sodium chloride solution before suctioning.				
Performed an additional pass of the suction catheter if secretions remained in the airway and the patient was tolerating the procedure. Two to four suctioning passes may have been needed to clear secretions. Did not exceed two to four passes per suctioning procedure in order to minimize oxygen desaturation and cardiopulmonary complications.				
Performed oropharyngeal suctioning using a Yankauer suction catheter after the lower airway had been adequately cleared of secretions. Took care to avoid causing oropharyngeal tissue trauma and gagging during suctioning.				

# Endotracheal Tube and Tracheostomy Tube Suctioning – CE

## CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
Rinsed the catheter and connecting tubing with sterile 0.9% sodium chloride solution or sterile water until clear.				
Turned the suction device off and locked the thumb control.				
Ensured that the FIO <sub>2</sub> was returned to the baseline level.				
Assessed the volume, consistency, and color of the airway secretions. Notified the practitioner of changes in the airway secretions, which could be a sign that the patient was developing pneumonia or other adverse effects.				
Maintained the suction collection tubing and canisters for subsequent suctioning episodes. Followed the organization’s practice for discarding and removing multiuse sterile solution containers and equipment.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient’s record.				
<b>Open-Suction Technique</b>				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient’s signs and symptoms and indications for isolation precautions. Donned gown, mask, and eye protection or face shield if the risk of splashing existed.				
Explained the procedure to the patient and ensured that he or she agreed to treatment.				
Turned the suction apparatus on and set the vacuum regulator to less than 150 mm Hg. Used only the amount of suction necessary to remove secretions effectively.				
Checked the negative pressure of the suction apparatus by occluding the end of the suction tubing before attaching it to the suction catheter.				
Using aseptic technique, opened the sterile catheter package on a clean surface, using the				

# Endotracheal Tube and Tracheostomy Tube Suctioning – CE

## CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
inside of the wrapping as a sterile field; opened the package just enough to expose the connecting end and connected the catheter to the suction tubing.				
Obtained sterile 0.9% sodium chloride solution or sterile water to irrigate the suction catheter.				
Removed gloves, performed hand hygiene, and donned sterile gloves.				
With the dominant hand, picked up the suction catheter, taking care to avoid touching any nonsterile surfaces. With the nondominant hand, picked up the connecting tubing. Connected the suction catheter to the connecting tubing. Ensured that the dominant hand did not come in contact with the connecting tubing. Wrapped the suction catheter around the sterile dominant hand to help prevent inadvertent contamination of the catheter.				
Checked the equipment for proper functioning by suctioning a small amount of sterile solution from the container.				
Considered administering 100% oxygen for 30 to 60 seconds before suctioning.				
With the dominant hand, gently but quickly inserted the catheter into the artificial airway with the control vent of the suction catheter opened.				
1. In patients at high risk for suction-related complications, inserted the catheter into the artificial airway until it emerged out of the end of the airway.				
2. In patients not at risk for suction-related complications, inserted the catheter into the artificial airway until resistance was met and then pulled it back 1 to 2 cm. Ensured that each suction pass lasted less than 15 seconds to minimize decreases in oxygen saturation. Did not instill 0.9% sodium chloride solution routinely before suctioning.				

# Endotracheal Tube and Tracheostomy Tube Suctioning – CE

## CHECKLIST

S = Satisfactory U = Unsatisfactory NP = Not Performed

Step	S	U	NP	Comments
Using the nondominant thumb, depressed the control vent of the suction catheter to apply continuous suction while completely withdrawing the catheter into the sterile catheter sleeve within 10 to 15 seconds.				
Performed an additional pass of the suction catheter if secretions remained in the airway and the patient was tolerating the procedure. Two to four suctioning passes may have been needed to clear secretions. Did not exceed two to four passes per suctioning procedure to minimize oxygen desaturation and cardiopulmonary complications.				
1. Allowed adequate time between passes for the patient to recover before the next pass. Considered administering 1 minute of 100% oxygen after each pass of the suction catheter.				
2. Considered administering 100% oxygen for 30 to 60 seconds after suctioning.				
3. Monitored the patient for adverse reactions.				
4. Returned FIO <sub>2</sub> to the baseline level after suctioning was completed. Allowed an interval of 10 minutes between any method of suctioning in a brain-injured patient to decrease the risk of elevating ICP.				
If the patient did not tolerate open suctioning despite administration of 100% oxygen:				
1. Ensured that FIO <sub>2</sub> was set at 100%.				
2. Maintained PEEP during suctioning.				
3. Allowed longer recovery intervals between suction passes.				
4. If the patient did not tolerate open suctioning after these steps, switched to a closed-suction technique.				
Performed oropharyngeal suctioning using the same suction catheter or a Yankauer suction catheter after the lower airway had been				

# Endotracheal Tube and Tracheostomy Tube Suctioning – CE

## CHECKLIST

S = Satisfactory    U = Unsatisfactory    NP = Not Performed

Step	S	U	NP	Comments
adequately cleared of secretions. Took care to avoid causing oropharyngeal tissue trauma and gagging during suctioning. Did not use the catheter to suction the lower airways again following oropharyngeal suctioning.				
Rinsed the catheter and connecting tubing with sterile 0.9% sodium chloride solution or sterile water until clear. Suctioned unused solution until the tubing was clear.				
Wrapped the catheter around the dominant hand after the upper airway suctioning was completed. Pulled the glove off inside out; the catheter remained in the glove. Pulled the other glove off in the same manner and discarded.				
Turned the suction device off.				
Ensured that the FIO <sub>2</sub> was returned to the baseline level.				
Assessed the volume, consistency, and color of the airway secretions. Notified the practitioner of changes in the airway secretions, which might be a sign that the patient was developing pneumonia or adverse effects.				
Maintained the suction collection tubing and canisters for subsequent suctioning episodes. Followed the organization’s practice for discarding and removing multiuse sterile solution containers and equipment.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient’s record.				

Learner: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_