

# Endotracheal Tube: Closed Suctioning (Neonatal) – 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 family, if they were present at the bedside.				
Verified the correct neonate using two identifiers.				
Assessed the family’s understanding of the reasons for and risks and benefits of the procedure.				
Assessed the neonate for signs of airway secretions and inadequate oxygenation and ventilation. Suctioned only as needed.				
Checked the integrity of the tape or securement device to ensure that the ET tube was secure and movement was minimal.				
Determined the family’s desire to be present during the procedure.				
Ensured that an appropriate-size bag and mask were connected to an oxygen source at the bedside.				
Ensured that the oxygen source had the capability of being blended to provide a sufficient variety of oxygen concentrations.				
Confirmed that the inline catheter was the appropriate size or, if placing a new one, chose the proper catheter size.				
1. Selected a recommended suction catheter size.				
2. Alternatively, calculated the proper size suction catheter by doubling the ET tube size in millimeters and choosing the suction catheter French size closest to the doubled number.				
Set the suction control at –60 to –100 mm Hg for suction. Used the least amount of negative pressure necessary to remove secretions.				
Prepared sterile 0.9% sodium chloride solution for rinsing the catheter. Did not instill sterile 0.9% sodium chloride solution to facilitate suctioning of secretions.				
Performed hand hygiene and donned gloves and appropriate PPE based on the patient’s				

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signs and symptoms and indications for isolation precautions.				
Explained the procedure to the family (if they were present at the bedside) and ensured that they agreed to treatment.				
Provided developmentally appropriate containment for comfort during the procedure.				
Increased the FIO <sub>2</sub> by a maximum of 10%, if needed, to maintain target oxygen saturation levels.				
Secured the suction tubing from the suction source to the closed system suction port per the manufacturer’s directions.				
Removed the cap and attached the sterile 0.9% sodium chloride solution to the irrigation port.				
Determined the proper catheter length for suctioning by adding the length of the ET tube and the length of the adapter.				
Documented the measured catheter length and, when suctioning, did not advance the catheter beyond the point where this measurement could be seen in the catheter window. When suctioning, did not insert the catheter more than 1 cm (0.4 in) beyond the documented measurement. Posted the calculated catheter measurement at the bedside.				
Unlocked the suction control valve on the suction catheter.				
Stabilized the ET tube with one hand while advancing the catheter with the other to the predetermined distance.				
If the neonate was ventilated with a high-frequency jet ventilator, suctioned with the ventilator either on or off. If suctioning with the jet on, applied suction while inserting and when withdrawing the catheter.				
Maintained the neonate’s head in the midline position.				
Suctioned secretions by depressing the control valve while withdrawing the catheter from the ET tube. Continued to stabilize the				

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tube. Did not apply suction for longer than 5 to 10 seconds.				
Withdrew the black tip of the catheter into the middle of the cleaning chamber.				
Depressed suction first and then gently squeezed sterile 0.9% sodium chloride solution into the chamber to clear secretions from the suction tubing.				
Reassessed breath sounds.				
After each pass, monitored the neonate’s tolerance of the procedure and allowed him or her time to recover by providing positive pressure ventilatory support, as needed.				
Noted the color, amount, and consistency of secretions removed.				
Rinsed the suction catheter with sterile 0.9% sodium chloride solution at the completion of the suctioning procedure.				
Reconfirmed the security and position of the ET tube.				
Removed the 0.9% sodium chloride solution from the irrigation port and recapped the port. Locked the control mechanism.				
Weaned oxygen to preprocedure level as tolerated.				
Monitored oxygenation levels before, during, and after suctioning and adjusted support to prevent extremes of oxygenation.				
Assessed breath sounds and chest excursion before, during, and after each suctioning pass.				
Assessed, treated, and reassessed pain.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the neonate’s record.				

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

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

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