

## **Oral Suctioning**

Female1: Hi, Renee.

Female2: Hi, Wendy.

F1: What are we going to today?

F2: Today we're going to demonstrate how to do oral suctioning.

F1: Okay. And how would you determine whether or not we needed to do that?

F2: Well, sometimes people have difficulty swallowing secretions. So sometimes after stroke sometimes when people-- when their condition is just deteriorating they just become very weak and they can't clear their-- they can't even swallow their own secretions. So to keep them comfortable that's what we're going to do. So I might notice there's some drooling happening. Sometimes it's foamy, sometimes it is not. Sometimes I might be concerned that it's going to interfere with their respiratory status. And so I'll come and I'll talk to the patient and say I think 'I'm just going to suction out your mouth to get rid of some of those secretions and make you more comfortable'.

F1: Okay. And do you have to do anything-- personal protective equipment for yourself?

F2: Yes, so it's always about a point of care risk assessment. So in this case I've done this skill before. Sometimes the patient will cough, so I'm going to actually put a face shield on. Glasses by themselves are not sufficient. So just for the purpose of the video I'm going to leave the mask off, just so that my voice can be heard. But it's a really important thing to remember. I could also put a gown on. There are no black and white rules about the gown, but you make that decision yourself based

on your experience and what you know of the patient's situation. So I'm going to use a Yankauer suction this time. It's a hard plastic. Some of us might have seen them at the dentist office, but it's quite a large lumen and it's good for sucking out secretions. Sometimes the patient may have been eating and they might have food in their mouth which-- in case you need a large lumen suction catheter to get that out. It should always be clean. So keeping it inside the package when it's not in use is a good idea. I'm going to hook it to my suction tubing and I'm going to turn on my suction in a minute. The one thing we need to remember is you need some water, because you need to test your suction system and then after you do your suctioning you need to clean out that system with that same water.

F1: Okay.

F2: Okay. 'Mr. Jones, I'm just going to suction out your mouth'. So you just come in the side of their mouth and you suction around. Sometimes you can get under their tongue.

F1: It's probably a good idea not to go on the top of the tongue because that might cause them to choke.

F2: Exactly.

F1: I've seen some people too, like, you know, in the dentist when they put that in there, they actually get you to put their mouth around it and suck. And then that'll pull everything forward.

F2: Yes, and again, you have to assess your patient's situation. Some people will be able to do that and some won't. Some people even use this type of suction when they're doing mouth care when people are at risk for aspiration. So they'll be

brushing their teeth, but at the same time keeping the suction in there just to prevent extra fluids [accumulating] that might cause them to aspirate.

F1: Good.

F2: Okay.

F1: Do you have to chart that?

F2: Oh, definitely.

F1: And you're charting that you suctioned them. Do you say anything about secretions?

F2: You should always note what the-- you should always-- this is your intervention. You always chart what were your observations before that led you to decide on this intervention. And then what was the result afterwards. It's that nursing process. I think if at all possible have your patient upright because obviously they're having trouble with their secretions. So their risk of aspiration will be less if they can be upright when you do this.

F1: Okay.