

Oropharyngeal Suctioning

Female1: Hi, Renee, so what are we going to do today?

Female2: Well, we're going to do some oropharyngeal suctioning. So I've assessed my patient. He's having a hard time clearing his secretions. He's very weak and I know from his history and what happened in the previous shift he has a lot of thick secretions that he's having a hard time bringing up.

F1: So why wouldn't we just use the Yankauer?

F2: Because this time the secretions are back in the oropharyngeal area. Just back behind the tongue. The Yankauer's much too large to reach into there. You would cause him to gag and perhaps vomit and then perhaps aspirate. [That] would be the risk.

F1: Okay.

F2: So it's all about point of care risk assessment - Making the decision about personal protective equipment. So I'm going to put a gown on this time. And I would definitely wear a mask, a face shield, just to keep any cough secretions out of my face. My eyeglasses are not enough. For the purposes of this I'm going to keep it off just so my voice can be heard. Other equipment you need is a suction catheter, 14 to 16 French would probably be adequate. Sterile saline or sterile water and sterile this time because we're going into the oropharyngeal area, increased risk of respiratory infections. It's very different than just suctioning in the mouth.

F1: Okay.

F2: I mean, there's still some risk to the patient when we do this because we're going

past the mouth, down into the trachea. So we could definitely give them a respiratory infection.

F1: So hence instead of clean gloves you have sterile gloves as well.

F2: Exactly. And then the other thing, this patient has some respiratory issues. Part of the risk with oropharyngeal suctioning is you're sucking out their oxygen. So him already needing oxygen I'm going to just do a little bit extra assessment by putting on the SpO2 monitor and watching that. And I might even hyper-oxygenate him before I begin the procedure.

F1: Okay. So I'll do this for you.

F2: I'm going to get the rest of my equipment ready. So this is the part that I find students struggle with the most because there's parts that you have to keep sterile. So I'm exposing the connective part and I'm going to connect it to my tubing. Now here's where it gets tricky because the tubing sometimes will want to slide.

F1: Oh, because it's heavier.

F2: Yes, so you just have to figure out how you're going to do this. Can you hold that for me? Okay, thank you. All right, so what I have to think about is what needs to stay sterile. We go back to those principles of asepsis. So in this case it's my right hand that has to stay sterile because that's the one that's going to hold the suction catheter that I introduce into the patient. My left hand's going to become contaminated.

F1: Okay, you're going to sacrifice that one.

F2: Yes, so you notice I already opened my saline. I'm going to, with my left hand that I can contaminate, turn on my suction. Suction at about 80 to 100 should be

sufficient [and] if it's not you can always increase it. I'm watching the SpO2.

He's at 99 percent on his 3 litres. So I'm going to just keep my eyes on that while I'm doing this procedure. My left hand is contaminated. I'm going to grab this package. Right hand is going to stay sterile. So I'm going to grab this sterile tubing and just wrap it around my hand. Okay, this port, valve--

F1: So you cover it and that makes the suction come on the end, right?

F2: Exactly. So I'm just going to lubricate my tubing and make sure that my suction's working because the last thing I want to do is get in there and realize my suction's not working. Okay, 'Mr. Jones, I'm going to put this tube in your throat and it's going to take out some of your secretions and make your breathing easier'. So I've already done some mouth care. So I'm just going to introduce this. When I hit resistance I'm at the oral pharynx and I'm just going to go down a little ways and I'm going to suction on the way out, twist my tubing and only suction for 15 seconds at a time, at the most.

F1: So do you put the suction on when you're going down or just when you're coming out?

F2: Just when you're coming out.

F1: And do you keep it on total or can you do it intermittently?

F2: You can do either. Both are satisfactory as long as you don't maintain that suction for more than 15 seconds. So I've cleared my tubing again. Because sometimes the secretions will be so thick that the tubing will jam up on you. And I've--

F1: Take a couple deep breaths.

F2: You bet, and 'if you have to cough, Mr. Jones, you go ahead'. Sometimes

introducing the tube is what makes the patient cough.

F1: 'How you doing there?'

F2: And I'm continually assessing his respirations and making the decision do I need to suction more or not.

F1: Okay.

F2: In this case his O2 sats have remained higher than 98 percent. His colour has remained good and pink. He appears to be more comfortable. So the procedure's done.

F1: Okay, and so you would chart that too.

F2: Exactly. So what was the preceding condition that led me to my intervention and then what [I did and finally] how did he respond to the intervention.