### PROCEDURE FOR NOSE AND MOUTH SUCTIONING USING SUCTION MACHINE

#### PROCEDURE

1. Wash hands.

2. Assemble the equipment:
   - Suction machine (battery operated) and tubing
   - Bulb syringe
   - Suction catheter of the appropriate size
   - Disposable gloves
   - Plastic bag for disposal of materials
   - Container and water or saline to clean catheter

3. Position student; explain the procedure to the student, according to his or her level of understanding. If able, the student should assist.

4. Turn on suction machine to check function.

5. Encourage the student to cough to expel secretions.

6. Open suction catheter or kit without touching the inside of package.

7. Put on gloves.

8. In the dominant hand, hold the catheter and attach appropriate end to the suction machine. Keep the other end of the catheter in the package.

9. Turn on machine with other hand.

10. Hold suction catheter 2-3 inches from the tip with dominant hand.

11. Grasp catheter connection with other hand, cover vent hole with thumb to suction a small amount of water through the catheter.

#### POINTS TO REMEMBER

- Anticipating the tasks to be done, the risks involved, and the personal protective equipment needed will enhance protection of both the caregiver and student.

- All equipment for suctioning must be assembled and ready for immediate use at all times. It must be checked daily by designated personnel, and the check must be documented on the Respiratory Equipment Checklist or Suction Equipment Checklist.

- Position may vary and should be recommended in student-specific guidelines. By encouraging the student to assist in the procedure, the caregiver is helping the student achieve maximum self-care skills.

- This cleans and lubricates the catheter.

- This may eliminate the need for suctioning or may bring secretions up for easier suctioning.

- This keeps catheter clean and reduces risk of transmitting infection.

- Dominant hand, which is used to manipulate catheter, should remain clean.

- This tests that suction machine is working and lubricates the catheter.
**PROCEDURE**

12. Remove covering from end of suction catheter with non-dominant hand while holding catheter in dominant hand.

13. With thumb off vent hole, insert catheter gently into the nose to the prescribed depth suggested in the student-specific guidelines.

14. Cover vent hole with non-dominant thumb while suctioning and withdrawing catheter. Gently rotate catheter between thumb and index finger while suctioning and withdrawing.

15. Suction up some water to rinse secretions out of catheter.

16. If nasal congestion persists, repeat nasal suction.

17. With thumb off vent hole, insert catheter gently into the mouth. Cover vent hole with non-dominant thumb, twist catheter while removing catheter.

18. Cover vent hole with non-dominant thumb and index finger while suctioning and withdrawing.

19. Suction up some water to rinse secretions out of the catheter.

20. If gurgling noises persist, repeat mouth suctioning procedure with the same catheter.


22. Discard gloves in an appropriate receptacle.

23. Wash hands.

24. Note color, consistency, and amount of secretions and document in Healthmaster and EasyTrac, if applicable.

**POINTS TO REMEMBER**

**Always suction the nose first.** There are more bacteria in the mouth. Many students may only need to have the anterior part of the nose suctioned. Be gentle; the nose bleeds easily. Make sure catheter tip has been lubricated with saline or water-soluble lubricant. If the nose secretions are too thick, put a few drops of saline in each nostril.

Rotating the suction catheter diminishes damage to the mucus membrane. If the catheter sticks, remove thumb from vent hole to release suction.

**Points to Remember**

- Always suction the nose first. There are more bacteria in the mouth. Many students may only need to have the anterior part of the nose suctioned. Be gentle; the nose bleeds easily. Make sure catheter tip has been lubricated with saline or water-soluble lubricant. If the nose secretions are too thick, put a few drops of saline in each nostril.

- Rotating the suction catheter diminishes damage to the mucus membrane. If the catheter sticks, remove thumb from vent hole to release suction.

- Parts of the mouth to be suctioned include the back of the throat, the cheeks, and under the tongue. Be careful when suctioning the back of the throat, as this may cause the student to gag or vomit.

- This helps to minimize trauma to the membranes of the mouth.

- Report any changes from the student’s usual pattern to the school nurse and parent/guardian.
**NOSE AND MOUTH SUCTIONING**
**POSSIBLE PROBLEMS THAT REQUIRE IMMEDIATE ATTENTION**

<table>
<thead>
<tr>
<th>OBSERVATION</th>
<th>REASON/ACTION</th>
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<tbody>
<tr>
<td>Student develops a nosebleed during suctioning.</td>
<td>Stop suctioning. Gently squeeze bridge of nose with your gloved fingers and hold for 5 minutes. Once bleeding has stopped, do not suction that side of nose.</td>
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<tr>
<td>Student gags or vomits during suctioning.</td>
<td>Catheter may be too far back or down too far. Pull back a short distance and complete suctioning. If vomiting occurs, stop suctioning and remove catheter. Position student to keep airway open. Wait until vomiting stops, and check for satisfactory breathing. Contact school nurse.</td>
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PROCEDURE FOR NOSE AND MOUTH SUCTIONING WITH A BULB SYRINGE

**PROCEDURE**

1. Wash hands.

2. Assemble equipment:
   - Bulb syringe
   - Saline
   - Tissues
   - Gloves

3. Wash hands.

4. Explain the procedure to the student, according to his or her level of understanding.

5. Position student.

6. Put on gloves.

7. Squeeze the bulb syringe away from student and place the tip gently into the nose or mouth, where secretions are visible or audible, and let the bulb fill up.

8. Remove the bulb syringe from the nose or mouth.

9. Holding the syringe over a tissue or basin, squeeze the bulb to push out the secretions, then let it fill with air.

10. Repeat steps 7-9 as needed until nose and mouth are clear.

11. If the nose secretions are too thick, put a few drops of saline in each nostril, if ordered, before suctioning with bulb syringe.

12. Clean bulb syringe in hot soapy water, rinse with fresh water, let dry and store.

**POINTS TO REMEMBER**

- Anticipating the tasks to be done, the risks involved, and the personal protective equipment needed will enhance protection of both the caregiver and student.

- Position varies. See student-specific guidelines.

- **Always suction nose first.**

  When suctioning the mouth, suction under the tongue, in the cheeks, and in the back of the throat. Be careful when suctioning the back of the throat, as this may cause the student to gag and vomit.
PROCEDURE

13. Dispose of tissues in appropriate receptacle.

14. Remove gloves.

15. Wash hands.

16. Note color, consistency, and amount of secretions and document in Healthmaster and EasyTrac, if applicable.

POINTS TO REMEMBER

Report any changes from the student’s usual pattern to the school nurse and parent/guardian.