ORAL PHARYNGEAL SUCTIONING

PURPOSE
To maintain upper airway patency.
To facilitate air exchange by removing or mobilizing oral secretions
Decrease mouth odors and anorexia.

APPLIES TO
- Registered Nurses
- Licensed Practical/Vocational Nurses
- Therapists
- Other (Identify): ________________________

EQUIPMENT/SUPPLIES
- Suction machine and connector tubing.
- Two pairs of disposable gloves.
- Suction catheter (size 12-16 Fr. for adults; 6-12 Fr. for infants/children).
- Tap water (approximately 100 ml).
- Water soluble lubricant.
- Clean basin.
- Oxygen, if needed by client.

PROCEDURE
1. Wash hands. Refer to the Hand Washing procedure.
   a. Assess respiratory status (rate and quality of respirations and breath sounds).
   b. Assess lips and mucous membranes for color, dryness, and secretions.
2. Assist the client into a semi-Fowler’s position, if appropriate. *This facilitates suctioning and provides for maximum chest expansion.* Cover chest with small towel.
3. Bulb syringe may be used to remove oral secretions rather than suction catheter. Prepare catheter and supplies. Fill basin with water.
4. Don gloves.
5. Turn on suction machine. Set vacuum regulator to appropriate negative pressure if machine is variable. *Elevated pressure settings increase the risk of trauma to the oral mucosa.*
6. Suction a small amount of water from the basin.

7. Insert the catheter into the mouth alongside of the tongue and slide down to pharynx (approximately 13 cm in adults). *This stimulates coughing and removes secretions.*

8. Apply suction for no more than 15 seconds by placing and removing thumb over control. Withdraw catheter gently, rotating it back and forth between thumb and index finger. Encourage the client to cough. *Intermittent suction minimizes hypoxia and mucosal damage.*

9. Place catheter tip in basin. Apply suction until connecting tubing is clear.

10. Allow time for a rest period and repeat the procedure until the airway is cleared. Limit total suction time to three to five minutes. *This allows the client to rest and provides for reoxygenation.* When secretions are removed, rinse mouth with water and mouthwash. Lubricate lips.

11. Empty suction contents into the toilet. Clean the suction bottle after each use or two to three times per day, if suctioning frequently.

12. Remove gloves and discard equipment according to the Agency Waste Disposal Policy. Clean the catheter if it is to be reused.

   **Note:** *The catheter may be cleaned by rinsing first in warm, soapy water, then rinsing in clean water and drying thoroughly. Store in a clean, dry area.*

13. Reassess the client’s respiratory status.


**DOCUMENTATION GUIDELINES**

1. Document in the clinical record:
   a. Breath sounds before and after suctioning.
   b. The client’s tolerance of suctioning procedure.
   c. Odor, color, amount, consistency of secretions.
   d. Frequency of suctioning.
   e. Replacement of oxygen therapy as needed.

**RELATED PROCEDURES**

None.