



Suctioning in Critical Care

Aim: To provide guidance on nursing care for suctioning of patients in Critical Care with an endotracheal or tracheostomy tube

Scope: All adult patients in Critical Care with an endotracheal or tracheostomy tube.

Document

ASSESS NEED FOR SUCTIONING

- Is the patient coughing?
- Are they de-saturating?
- Are there audible secretions?

- Frequency of suctioning
- What are the secretions like? Consistency, volume and colour
- Patient tolerance of procedure
- If a sample is clinically indicated and sent to laboratory.

A good suction technique, with low pressures and the smallest appropriate catheter size will minimise adverse effects.

Failure to pass a suction catheter is a 'red flag' warning. The tube may be blocked or displaced and requires prompt assessment by an appropriately trained practitioner.

STANDARD SUCTION CARE

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| 1 | Pre oxygenate in ventilated patients who are already hypoxic or those who are known to have significant cardiovascular instability. |
| 2 | Check suction pressures 11-16Kpa (80-120mmHg) (up to 20kpa/150mmHg if thick secretions). |
| 3 | Gently insert catheter of appropriate size until cough reflex is instigated or the carina can be felt. |
| 4 | Continuous suction on withdrawal of the catheter for a maximum of 15 seconds. |

Additional Considerations

- Use closed suction system where possible.
- Repeated suctioning is uncomfortable for the patient and can cause barotrauma so only suction when clinically indicated.
- Always wear PPE
- Use of saline irrigation with MDT discussion
- Seek additional physiotherapist input

POSSIBLE CONTRAINDICATIONS

- Raised ICP
- Cardiac Instability
- CSF Leak
- Severe Bronchospasm
- Vagal Sensitivity
- Pulmonary Oedema
- Haemoptysis
- Coagulopathy derangement

Please see your units full guidelines for more information

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