



Subglottic Aspiration in Critical Care



Aim: To provide guidance on subglottic aspiration for adult patient's with endotracheal or tracheostomy tubes in critical care.

Scope: All adult patients in Critical Care with a subglottic tube insitu. To be used in conjunction with the Ventilator Care Bundle

Rationale

Secretions are potentially able to bypass the ETT/TT cuff.
Secretions that pool above the cuff but below the vocal cords are a potential source of pathogens that could cause VAP.
ET /T tubes that have a designated subglottic suction port allow drainage of these secretions.

Document

- When subglottic tube was inserted
- Size of tube
- Time and frequency of aspiration
- What are the secretions like?
Consistency, volume and colour

All patients who are anticipated to be mechanically ventilated for more than 72 hours should have an ETT or tracheostomy tube with a subglottic aspiration port.

STANDARD CARE

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| 1 | Aspirate the subglottic port using a 10ml syringe. |
| 2 | If less than 5ml aspirated, repeat every 4 hours. |
| 3 | If 5ml or more is aspirated, repeat every 2 hours. |
| 4 | Always aspirate prior to cuff deflation for extubation or weaning and before mobilising the patient. |

DO NOT.....

... **change the ET/T tube for the sole purpose of gaining a subglottic port.**
If the tube needs to be changed for another reason, change to one with a subglottic port at this time.

REMEMBER

If resistance is met on aspiration, flush the suction line with air or 2ml sterile water and aspirate again. If resistance is felt on flushing seek medical assistance.

Please see your units full guidelines for more information