**POLICY: PROCEDURE FOR ORAL SUCTIONING**

Purpose: Oral suctioning is done to clear the oral cavity of secretions when the resident is unable to expectorate them on their own.

Equipment: Suction catheter or tonsil tip suction catheter, suction machine with receptacle and connecting tubing, water with sterile container.

Qualified Staff: Respiratory Therapist, RN, LPN, and M.D.

Procedure:

1. Establish need for suctioning.
2. Gather equipment.
3. Explain procedure to resident.
4. Set up suction machine. Check to be sure pressure is present.
5. Wash hands thoroughly.
6. Obtain clean container of water solution to clear catheter.
7. Open suction catheter. Connect to connecting tubing.
8. Instruct resident to cough or if unable to follow directions, use postural drainage, percussion, or vibrations; wait until resident coughs and gently insert catheter or tonsil tip into oral cavity. When inserting catheter, do not apply suction.
9. When secretions are within reach of catheter, apply intermittent suction for 10-15 seconds at a time.
10. Allow rest periods for resident for purpose of oxygenation.
11. Dip catheter in and out of water solution to clear catheter. A. If tonsil tip is used, it may be cleared with water. Tonsil tip should be changed every twenty-four hours. Date handle. B. If disposable suction catheter is used, it should be discarded after each use.
12. Discard disposable equipment. Empty and rinse collection bottle before it fills completely, and at the end of each shift.
13. Wash hands.
14. Make resident comfortable.
15. Record: Amount, color and consistency of secretions, response to suctioning, reason for suctioning, and effectiveness of suctioning.
16. Inservicing will be initiated during orientation, annually and PRN thereafter.