Purpose

To direct the use and application of inline and soft suction for patients with an advanced airway.

Indications

Obstruction of the airway via secretions, blood, vomitus or other substances, in a patient currently being assisted by an airway adjunct such as an ETT, King LT or tracheostomy tube.

Risks should be considered; consider bradycardia, hypoxia, dislodgement of adjunct and occlusion of the airway.

Procedure

1. Turn on suction and ensure it is working.
2. Preoxygenate if able, consider passive oxygenation.
3. If using in-line suction:
   a. Attach device to top of airway adjunct.
   b. Attach opposite end to suction.
   c. Obtain Normal Saline to be used to loosen secretions if needed
   d. Judgement should be used in considering how deep suctioning should go.
   e. Locate depth on the hashmarks of in-line device
   f. Use side port to administer Normal Saline if desired
   g. Quickly insert in-line suction to desired depth
   h. Push thumb-valve down to begin suction and pull back on suction line slowly (not to exceed 10 seconds total suction time)
   i. Discontinue immediately if significant desaturation occurs
4. If using a soft suction catheter:
   a. Attach catheter to suction tubing.
   b. Consider donning face shield, mask, and/or safety glasses
   c. Attempt to maintain sterility
   d. Judgement should be used in considering how deep suctioning should go.
   e. Locate depth on the catheter hashmarks
   f. Disconnect ventilator or bag valve device from airway device
   g. Quickly insert in-line suction to desired depth without covering the side-suction port.
   h. Cover suction port to engage suction with thumb and pull back on suction line slowly (not to exceed 10 seconds total suction time)
   i. Discontinue immediately if significant desaturation occurs
5. Continue ventilations.
6. Reassess efficacy of ventilation device (Vent or BVM) and placement of airway adjunct