STANDARD WORK



TRACHEOSTOMY SUCTIONING (OPEN & CLOSED)

Document Owner: E. Levasseur **Program/Service Area**: Centre for Prehospital Care **Issue Date**: July 2017

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Approval: Corey Petrie, Interim Regional Manager, CPC Frequency: As Required.

and Trauma Services

Signature:

Purpose: To ensure a consistent standardized practice for Tracheostomy Suctioning (Open & Closed).

1. Ensure that the patient qualifies Tracheostomy suctioning Assemble required equipment and wear the appropriate PPE Communicate the need for suctioning, and its effects to the patient and family members whenever possible Position the patient at 30—90 degree sitting position (if possible) and ask the patient to cough Pre-oxygenate the patient Select the appropriate sized catheter and inspect the catheter packaging for expiration date and/or any defects. Poep package and remove the closed suction catheter using an aseptic technique Select the appropriate negative pressure setting *** Specific to Open Suctioning: While securing the Tracheostomy tube, disconnect the filter and BVM/Ventilator from the Tracheostomy tube Lubricate the catheter by suctioning prepared saline/water. Gently & slowly advances the catheter into the Tracheostomy tube until proper depth (cough reflex or resistance is met) Apply suction by placing a finger over the vent hole and gently withdraw the catheter smoothly with twisting motion until the suction catheter is removed from the Tracheostomy tube *** Specific to Closed Suctioning: Disconnect the all components of the BVM including filter and install the Closed Suction Catheter suction and do not suction for longer than 10 seconds *** Specific to Closed Suctioning: Disconnect the all components of the BVM including filter and install the Closed Suction Catheter by tube advancing catheter in the BVM with filter and ETCO2 all while keeping the tracheostomy tube secure Support the elbow connector and the tracheostomy tube with one hand, grasp the catheter through the sleeve and advance the catheter slowly until proper depth (cough reflex or resistance is met) Lubricate the catheter through the sleeve and advance the catheter slowly until proper depth (cough reflex or resistance is met) Lubricate the patient of the support of the suppor		Content	Details
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10.3 Engage the thumb valve and gently pull back until the suction • Apply intermittent suction and		hand, grasp the catheter through the sleeve and advance the catheter slowly until proper depth (cough reflex or resistance is met)	catheter
	10.3	Engage the thumb valve and gently pull back until the suction	Apply intermittent suction and

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	catheter is fully retracted. Release thumb valve once suctioning is complete	do not suction for longer than 10 seconds
12.	Re-oxygenate the patient after each suction attempt.	Wait 1 minute between suction attempts
13.	Rinse catheter thoroughly prior to next attempt	
14.	Document the procedure on the patient care record as per the Ministry of Health and Long Term Care Emergency Health Services Branch Ambulance Call Report Documentation Standards and your Service Provider policy.	this includes:

Expected Outcome: To successfully perform Tracheostomy Suctioning (Open & Closed).