


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 and Trauma Services **Frequency:** As Required.
Signature: 

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

	Content	Details
1.	Ensure that the patient qualifies Tracheostomy suctioning	
2.	Assemble required equipment and wear the appropriate PPE	
3.	Communicate the need for suctioning, and its effects to the patient and family members whenever possible	
4.	Position the patient at 30—90 degree sitting position (if possible) and ask the patient to cough	
5.	Pre-oxygenate the patient	Ensure pulse oximeter is affixed
6.	Select the appropriate sized catheter and inspect the catheter packaging for expiration date and/or any defects.	
7.	Open package and remove the closed suction catheter using an aseptic technique	
8.	Select the appropriate negative pressure setting	<1 year = 60-100 mmHg ≥1 year to <12 years= 100 - 120 mmHg ≥12 years = 100-150 mmHg
9.1	** Specific to Open Suctioning : While securing the Tracheostomy tube, disconnect the filter and BVM/Ventilator from the Tracheostomy tube	
9.2	Lubricate the catheter by suctioning prepared saline/water.	
9.3	Gently & slowly advances the catheter into the Tracheostomy tube until proper depth (cough reflex or resistance is met)	Do not suction while advancing catheter
9.4	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	<ul style="list-style-type: none"> Apply intermittent suction and do not suction for longer than 10 seconds
10.1	** Specific to Closed Suctioning : Disconnect the all components of the BVM including filter and install the Closed Suction Catheter patient port directly onto the tracheostomy tube and reattach the BVM with filter and ETCO2 all while keeping the tracheostomy tube secure	
10.2	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)	Do not suction while advancing catheter

10.3	Engage the thumb valve and gently pull back until the suction catheter is fully retracted. Release thumb valve once suctioning is complete	<ul style="list-style-type: none"> Apply intermittent suction and 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: <ul style="list-style-type: none"> name of the skill time of attempt catheter size and type each suction attempt

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