

## Plano Independent School District

# Benefits and Risk Management

#### School Health Service

**Nose and Mouth Suctioning with a Bulb Syringe Training Checklist**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name | | |  | | Campus | |  | | |
| Instructor | |  | | Date of Training |  | | Review Date | |  |
|  | |  | |  |  | |  | |  |
| In order to suction a student’s nose and mouth with a bulb syringe, employees must complete training and demonstrate the ability to perform the following tasks: | | | | | | | | | |
|  |  | | | | | TRAINED | | REVIEWED | |
| 1 | Review doctor’s orders, IHP, PISD guidelines, and parent consent. | | | | |  | |  | |
| 2 | Use Universal Precautions. Wash hands before and after suctioning. | | | | |  | |  | |
| 3 | Gather equipment and supplies (bulb suction, saline, tissues, and gloves). | | | | |  | |  | |
| 4 | Position student, upright or Semi-Fowler’s, and explain procedure. | | | | |  | |  | |
| 5 | Put on gloves. | | | | |  | |  | |
| 6 | Monitor student’s respiratory status throughout procedure. | | | | |  | |  | |
| 7 | Hold bulb syringe in palm of hand with long tip between index and middle finger. Squeeze the bulb syringe flat with thumb. | | | | |  | |  | |
| 8 | Place the tip gently in the nose or mouth, and let the bulb fill up. | | | | |  | |  | |
| 9 | Remove the bulb syringe from the nose or mouth. Hold the syringe over a tissue or basin and squeeze the bulb to push out the secretions; then let it refill with air. | | | | |  | |  | |
| 10 | Repeat steps 7 thru 9 as needed until nose and mouth are clear. | | | | |  | |  | |
| 11 | If nose secretions are too thick, a few drops of saline can be put in each nostril before suctioning with bulb syringe. | | | | |  | |  | |
| 12 | Clean bulb syringe in hot soapy water, let dry, and store. | | | | |  | |  | |
| 13 | Dispose of tissues in appropriate receptacle. | | | | |  | |  | |
| 14 | Remove gloves. | | | | |  | |  | |
| 15 | Wash hands. | | | | |  | |  | |
| 16 | Document color, consistency, and amount of secretions. | | | | |  | |  | |

*I have received instructions on the procedures to be followed in the suctioning of student’s nose and mouth while at school, following Plano ISD guidelines and understand my responsibilities.*

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| --- | --- | --- | --- |
| Employee Signature |  | Date |  |
| Instructor Signature |  | Date |  |