**Plano Independent School District**

**School Health**

**Nose and Mouth Suctioning Administrative Guideline**

**Purpose**

The nose and/or mouth can be suctioned when the student needs assistance in removing secretions from the airway. Some students may be able to request suctioning and assist with the procedure. Other students will need the caregiver to recognize when suctioning is needed. Suctioning may be needed when student’s breathing becomes noisy or excess secretions are seen in the mouth or at the back of the throat. Gurgling, bubbling, or rattling breath sounds may be heard. The student may show signs of respiratory distress, such as increased respirations, difficulty breathing, excessive coughing, choking, anxiousness, irritability, or color changes.

**All equipment for suctioning must be assembled and available for immediate use at all times and checked daily by trained caregiver.**

**Definitions**

* **Bulb Syringe -** syringe with a bulb on one end; compression of the bulb creates a vacuum for gentle suction of small amounts of bodily drainage, such as oral and nasal secretions.
* **Semi-Fowler’s Position -** an inclined position obtained by raising the head of the bed 25–40 degrees, flexing the hips, and placing a support under the knees so that they are bent at approximately 90 degrees.
* **Semi-Recumbent Position -** position lying backwards but with the head and back at 30 to 45 degrees.  The legs may be straight or the knees can be bent depending on the situation. It is between a lying and sitting position.
* **Sterile Saline –** a solution of sodium chloride in sterile water used to liquefy secretions in nose or trach.
* **Suction Catheter -** a long, flexible tube used to remove secretions from the nose, mouth, or trach. It is connected to a suction machine.
* **Suction Machine –** a machine used to remove secretions or body fluids from a patient.
* **Yankauer -** a rigid hollow tube made of metal or disposable plastic with a curve at the distal end to facilitate the removal of thick pharyngeal secretions during oral pharyngeal suctioning.

**Program Coordinator**

Coordinator for District Health

Special Education Nurse Case Manager

**Responsibilities**

* Coordinates with Plano ISD principals and/or building manager and school nurses in the selection of employees for training.
* Assures quality improvement by revising this guideline as required through the monitoring of training.
* Communicates with medical officer on issues related to quality of care.

**Environment/Settings**

Emergency suctioning should be done wherever the student is located. For this reason, students should have portable suctioning equipment with them during transport and when traveling through school. Routine suctioning should be done in a clean, private area with accessibility to an electrical outlet.

**Medical Control**

The medical advisor of the nose and mouth suctioning administrative guideline is the Plano ISD’s medical officer. The medical officer will direct the following:

* Medical direction in formulating the guideline
* Review and approve the above
* Evaluation as needed

**Restrictions/requirements**

* Current Physician orders
* Consent for Contact of Health Care Professional
* Development of IHP by RN
* Parental consent
* Supplies provided by parent

**Suggested Personnel and Training**

Suctioning of the nose and mouth can be performed by a caregiver with proven competency-based training in appropriate techniques and problem management. School personnel who have regular contact with a student who requires nose and mouth suctioning should receive training that covers the student’s special needs and potential problems.

Basic skills checklists will be used in competency based training of appropriate techniques and problem management. District procedures and checklists outline specific steps to be taken. Once the procedures have been mastered, the completed checklists serve as documentation of training.

**Training**

* Registered nurse is the person responsible for training.
* Unlicensed personnel may be trained by an RN per BON delegated tasks.
* Training is done yearly and as needed throughout the year.
* Administrative guideline, problem list, physician orders and parent requests are to be reviewed prior to training and throughout the year for review.
* Individual Health Care Plan is completed by the nurse.
* Competency checklist must be signed and dated yearly and periodically throughout the year as needed for verification of skills.
* Information is shared with other employees on a need to know basis.

**All equipment for suctioning must be assembled and available for immediate use at all times and checked daily by trained caregiver.**

**Procedural Guideline for Oral Suctioning**

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

1. Check physician orders, IHP, PISD guidelines, and parent consent.
2. Use Universal Precautions. Wash hands before and after suctioning.
3. Assemble all equipment and supplies: Bulb syringe, saline, tissues, gloves.
4. Identify and explain the procedure to the student at his level of understanding. Have the student do as much of the procedure as capable of, with supervision as needed.
5. Place student in position used for this procedure; typically upright or semi-Fowler’s (head elevated, semi-recumbent) position while at school.
6. Put on gloves.
7. Monitor student’s respiratory status throughout the procedure.
8. Hold bulb syringe in palm of hand with long tip between index and middle finger. Squeeze the bulb syringe flat with thumb. Place the tip gently into the nose or mouth, where secretions are visible or audible, and let the bulb fill up by slowly releasing thumb from bulb. When suctioning the mouth, suction under the tongue, inside the cheeks, and in the back of the throat. Use caution in suctioning the back of the throat because this may cause the student to gag and/or vomit.
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 and 8 as needed until nose and mouth are clear.
11. If nose secretions are too thick, a few drops of saline, if ordered, can be instilled into each nostril before suctioning with bulb syringe.
12. Clean bulb syringe in hot soapy water, rinse with clean water, allow to dry by placing bulb syringe in upright position with the bulb at the top, and store in designated area.
13. Dispose of tissues in appropriate receptacle.
14. Remove gloves.
15. Wash hands.
16. Document color, consistency, and amount of secretions.

**Nose and Mouth Suctioning Using Suction Machine**

1. Check physician orders, IHP, PISD guidelines, and parent consent.
2. Use Universal Precautions. Wash hands before and after suctioning.
3. Assemble all equipment and supplies: suction machine and tubing, suction catheter of the appropriate size, or tonsil tip suction catheter (Yankauer), water or normal saline, container for water, and gloves.
4. Identify and explain the procedure to the student at his level of understanding. Have the student do as much of the procedure as capable of, with supervision as needed.
5. Place student in position used for this procedure, typically upright or semi-Fowler’s (head elevated, semi-recumbent) position while at school.
6. Turn on suction machine and check for suction by placing finger at end of connecting tubing.
7. Encourage student to cough and expel secretions. Coughing may eliminate need for suctioning or bring secretions up to throat area or mouth for easier suctioning.
8. Open suction catheter being careful not to touch the inside of the package. This keeps the catheter clean and reduces the risk of infection.
9. Put on gloves.
10. Attach suction catheter to connecting tubing. Leave the other end of the catheter in its covering.
11. Remove covering from end of suction catheter.
12. Hold suction catheter 2-3 inches from its tip with dominant hand and insert tip in normal saline or water per IHP.
13. Cover vent hole with thumb of non-dominant hand to suction a small amount of water through catheter. This tests that suction is functioning. This also helps to lubricate the tip of the catheter and clear out any secretions in the connecting tubing. Do not use lubricant other than water because lubricants may dry and cause airway occlusion.
14. Monitor student’s respiratory status throughout the procedure.
15. With thumb off vent hole, insert catheter gently into the nose to the prescribed depth specified in IHP. Always suction the nose first because there are more bacteria in the mouth. Many students may only need to have the anterior of the nose suctioned. Suction gently because the nose may bleed easily. If the nose secretions are too thick, a few drops of saline may be instilled into each nostril, if ordered.
16. Cover vent hole with non-dominant thumb while suctioning and withdrawing catheter. Gently rotate catheter between thumb and index finger while suctioning and withdrawing. Rotating the suction catheter prevents it from attaching to the mucosa and damaging the mucous membrane. If the catheter sticks, remove thumb from vent hole to release suction.
17. If student is still congested, repeat nasal suctioning process. Between passes, suction water to rinse secretions from catheter.
18. With thumb off vent hole, insert catheter gently into the mouth.
19. Cover vent hole with non-dominant thumb. Gently rotate catheter between thumb and index finger while suctioning and withdrawing to minimize damage to the oral mucosa.
20. If only oral suctioning is being done with a Yankauer suction catheter, insert Yankauer into mouth along gum line and move around mouth until secretions are cleared. Yankauer is a plastic, rod shaped catheter with holes at the tip. It provides continuous suction and is not controlled with a finger adapter. Parts of the mouth to be suctioned include the back of the throat, the cheeks, and under the tongue. Use caution when suctioning the back of the throat as this may cause the student to gag and/or vomit.
21. If gurgling noises persist, repeat mouth suctioning procedure with the same catheter. Between passes, suction water to rinse secretions from catheter.
22. When suctioning is complete, rinse catheter and connecting tubing with water until clear, using continuous suction. Secretions left in tubing decrease suctioning efficiency and provide environment for growth of microorganisms.
23. Disconnect catheter from suction tubing. Dispose of catheter and gloves properly.
24. Yaunker catheters, if used for oral suctioning only, may be rinsed with warm water after each suctioning and allowed to air dry. When suctioning is completed for the day, wash with warm water and dish soap, rinsed in clean water, soak in 1:1 vinegar/water solution for 20 minutes. Rinse and allow to air dry and store in a clean container for future use. Depending on frequency of usage, Yankauer catheters may be kept for a month or longer. Discard if catheter cracked or unable to clear residue.
25. Turn off suction. Wash hands.
26. Document color, consistency, and quantity of secretions as well as respiratory status.
27. Make sure equipment and supplies are restocked and ready for next use.

**Medical Officer Signature:**

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Physician Signature/PISD Medical Officer