



<b>POLICY/PROCEDURE INFORMATION (Policy no CS030)</b>	
<b>Subject</b>	<b>Oral Suction Policy</b> <i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</i>
<b>Applicable to</b>	All Registered Nurses working at Nottinghamshire Hospice
<b>Target Audience</b>	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
<b>Date issued</b>	16 July 2024
<b>Next review date</b>	16 July 2027
<b>Lead responsible for Policy</b>	Director of Care
<b>Policy reviewed by</b>	Head of Community Services/Education Lead
<b>Notified to (when)</b>	Quality and Safety Committee (16 July 2024)
<b>Authorised by (when)</b>	Quality and Safety Committee (16 July 2024)
<b>CQC Standard if applicable</b>	Safe, effective
<b>Links to other Hospice Policies</b>	<a href="#">Personal Protective Equipment Policy for Infection Prevention and Control CS020</a> <a href="#">Hand Hygiene Policy CS015</a> <a href="#">Mental Capacity Policy CS007</a> <a href="#">Consent Policy CS009</a>
<b>Links to external policies</b>	
<b>Summary</b>	The Oral Suction Policy ensures that there is a consistent approach to providing oral suction to patients assessed as requiring it by trained staff.
<b>This policy replaces</b>	N/A

### **IMPORTANT NOTICE**

Staff should refer to the Hospice website for the most up to date Policy. If the review date of this document has passed it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

<b>VERSION CONTROL</b>		
<b>Status</b>	<b>Date</b>	<b>Review date</b>
Original policy written by Senior Physiotherapist, Palliative Care Lead	April 2023	
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<p><b>1.</b></p>	<p><b>Introduction</b></p> <p>The Nottinghamshire Hospice Oral Suction Policy has been developed to ensure that there is a consistent approach to providing suction to patients assessed as requiring it by Registered Nurses trained to carry this out.</p> <p>The aims of suction are to:</p> <ul style="list-style-type: none"> <li>• To remove secretions that the patient is unable to effectively manage themselves</li> <li>• To help maintain a patent airway, improve ventilation and oxygenation and reduce the work of breathing.</li> </ul> <p>Suctioning should maximise the removal of secretions. The procedure is determined by the patient’s clinical condition. The frequency of suction should be assessed on an individual basis and should not be performed as a matter of routine.</p> <p>Suctioning is a potentially hazardous procedure and should only be performed when there are clear indications that excessive pulmonary secretions are affecting the patency of the patient’s airway or effective ventilation.</p>
<p><b>2.</b></p>	<p><b>Policy Aim</b></p> <p>To ensure that there is a consistent approach to providing suction to appropriately assessed patients.</p>
<p><b>3.</b></p>	<p><b>Scope</b></p> <p>Oral suction will be provided by Registered Nurses (RNs) who have been trained to do so on patients over 18 who have been identified on assessment as requiring this.</p>
<p><b>4.</b></p>	<p><b>Definitions</b></p> <p><b>Oral Suction</b> for the purpose of this policy is the insertion of a Yankauer sucker or soft suction catheter into the oral cavity in order to remove sputum, saliva or aspirate.</p> <p>A <b>Yankauer sucker/suction tip</b> is a rigid, transparent plastic tube with a large</p>

	<p>opening surrounded by a round head. It is used as an oral suctioning tool to clear the mouth and airway of saliva, sputum etc.</p> <p>A <b>Soft Catheter</b> is a single use long flexible tube of varying diameter (usually size 10-14) used to clear secretions when use of a yankauer sucker is not appropriate.</p>
<p><b>5.</b></p>	<p><b>Oral Suction</b></p> <p>RNs will carry out suction using a Yankauer sucker or soft suction catheter to the mouth of a patient in order to remove sputum, saliva or aspirate.</p> <p>The usual depth will be to the back of the teeth, however Yankauer sucker /suction catheter can be advanced further if secretions are visible that can be cleared without touching the tissue of the mouth. When going beyond back of the teeth, care must be taken to monitor for the gag reflex.</p> <p>If a Registered Nurse does not feel competent to undertake the procedure they should request the advice and assistance of a District Nurse.</p>
<p><b>6.</b></p>	<p><b>Out of Scope</b></p> <p>This policy does not cover nasopharyngeal suction, deep oropharyngeal suction or suction via a tracheostomy. Nottinghamshire Hospice staff should NOT complete nasopharyngeal suction, deep oropharyngeal suction or suction via a tracheostomy.</p>
<p><b>7.</b></p>	<p><b>Consent</b></p> <p>Consent must be given by the patient / carer prior to each episode of suction being carried out <a href="#">Consent Policy CS009</a>. If the patient is unable to give consent verbally, other ways of obtaining it must be explored e.g. nodding, blinking, squeezing of the hand.</p> <p>If the patient is unable to give any form of consent and not carrying out the suction would be detrimental to their health, it is acceptable to proceed, unless written documentation can be produced to the contrary.</p> <p>The patient should be made aware that they can withdraw their consent at any time.</p>

	<p>Mental capacity should be considered and if necessary, a best interest decision should be made in line with the <a href="#">Mental Capacity Policy CS007</a>.</p>
<b>8.</b>	<p><b>When Oral Suctioning Should be Performed</b></p> <ul style="list-style-type: none"><li>• Presence of excess secretions causing physiological deterioration and/or distress</li><li>• Inability to clear secretions independently</li><li>• A need to maintain a patient’s airway</li><li>• Deterioration in oxygen saturations if patient/family are monitoring</li><li>• Acute respiratory distress</li><li>• Raised respiratory rate</li><li>• Clinically apparent increased work of breathing (caution must be taken to not increase work of breathing further)</li><li>• Patient request</li></ul>
<b>9.</b>	<p><b>Precautions</b></p> <p>Whilst there are no contra-indications for suctioning, all precautions need to be taken and risks assessed before carrying it out. Oral suctioning should not be used when the patient is managing their own secretions.</p> <p>Caution should be taken when suctioning if the patient is experiencing:</p> <ul style="list-style-type: none"><li>• Severe clotting disorders</li><li>• Unexplained haemoptysis</li><li>• Bleeding</li><li>• Bronchospasm</li><li>• Acute head / neck / facial fractures and injuries</li><li>• Mechanical trauma to the airway</li></ul>

	<ul style="list-style-type: none"> <li>• Loose teeth</li> <li>• Oral carcinoma</li> <li>• Stridor</li> <li>• Restless / anxious patient</li> <li>• Nausea / vomiting / gagging</li> <li>• Dislodging of oral debris and pathogens which may obstruct the airway such as loose teeth</li> <li>• Severe hypoxaemia/ hypoxia</li> <li>• Cardiac arrhythmias</li> <li>• Vasovagal stimulation (↓HR/BP)</li> <li>• Aspiration</li> <li>• Pain/distress/discomfort</li> <li>• Respiratory arrest</li> <li>• Changes in Intracranial Pressure (ICP)</li> <li>• Atelectasis</li> <li>• Infection</li> </ul> <p>No attempt should be made to remove a solid object or an inhaled foreign body from the back of the throat with suction. This could result in the object being forced further into the airway and possibly causing complete obstruction.</p>
<p><b>10. Equipment</b></p>	<p><b>Disposable equipment (known as consumables):</b></p> <ul style="list-style-type: none"> <li>• Suction connection tubing – single patient use</li> </ul>

	<ul style="list-style-type: none"> <li>• Disposable bottle liners if required and recommended by manufacturer's instructions – dependent on suction machine model</li> <li>• Filter, as required by manufacturer's instructions</li> <li>• Suction catheters e.g. Yankauer or flexible suction catheters (ensure appropriate size)</li> <li>• Clean disposable gloves</li> <li>• Container of cold tap water</li> <li>• Cleaning products (according to manufacturer's instructions)</li> <li>• Bag for disposables</li> <li>• Appropriate PPE if splashing likely or infection suspected</li> </ul> <p><b>Suction machines</b></p> <ul style="list-style-type: none"> <li>• Manufacturer's instructions should be included when the machine is received by the patient. If not available, these can be downloaded from the manufacturers website.</li> <li>• Consider requesting community staff order a spare machine if the equipment is critical and same day re-ordering or repair is not an available option.</li> <li>• Suction machines must be used according to manufacturer's instructions and cleaned in line with Nottinghamshire Hospice Medical Devices and Medical Equipment Policy.</li> </ul>
<p><b>11. Replacement of Consumables</b></p>	<p>Yankauers are marked as "single use" indicating that they should be disposed of after a single procedure. They are not appropriate for multi-patient use. They should be changed every 24 hours or sooner if they cannot be cleaned effectively or if they look dirty.</p>



	<p>Flexible catheters must be replaced after each procedure. Used catheters can be wrapped in a glove and disposed of appropriately in line with Nottinghamshire Hospice <a href="#">Waste Management Policy OP011</a>.</p> <p>Suction machines come with their own suction connection tubing which should be cleaned according to manufacturer's instructions and is single patient use. If unable to be adequately cleaned further supplies need to be ordered.</p> <p>Suction tubing that connects the machine to the Yankauer or catheter should be replaced weekly unless otherwise advised.</p> <p>The bacterial filter should be replaced according to manufacturer's instructions and when wet. Spare filters should be available.</p> <p>In the Community, staff who ordered the equipment are responsible for ordering future consumables.</p> <p>Recommended PPE should be worn.</p>
<p><b>12. Training and Competency</b></p>	<p>Registered Nurses will have had training in oral suction at undergraduate level. Registered Nurses are responsible for ensuring that they remain competent (1) and attending refresher training as and when appropriate.</p>
<p><b>13. Equality Impact Assessment (EIA)</b></p>	<p>An EIA has been completed.</p>
<p><b>14. References</b></p>	<p>1. <a href="#">Future Nurses: Standards of proficiency for registered nurses</a></p>

	<b>Oral Suction Procedure</b>	<b>Rationale</b>
1.	Decide on method of powering suction machine – battery / mains Ensure battery is charged if using this method	To ensure there is adequate power to allow suction procedure to go ahead
2.	Set to required pressure, using lowest possible pressure – Max 150mmHg (20Kpa)	To ensure there is no barotrauma during suction procedure.
3.	Ensure privacy is maintained	To maintain patient dignity
4.	Explain the procedure	To ensure patient knows what to expect
5.	Obtain consent from the patient	Section on Consent
6.	Position patient appropriately for the procedure – high sitting or high side lying.	N.B Suction should not be carried out in supine unless in an emergency situation
7.	Assess respiratory status and take baseline observations	To monitor signs of improvement / deterioration
8.	An assessment of oral cavity and appropriate mouth care should be performed prior to suction.	To ensure there is no damage to the oral cavity.
9.	Encourage the patient to clear their own airway/ mouth by coughing or by using other airway clearance techniques	If a patient is able to clear their own secretions independently do not suction as a matter of routine. Only use when there is evidence of retained secretions in oral cavity.
10.	Wash hands according to hand hygiene policy and procedure and apply PPE	To prevent the transmission of microorganisms. Suctioning may cause splashing of body fluids
11.	Switch on machine	To ensure machine is working correctly.
12.	Check suction pressure by putting thumb over the end of the suction tubing	To prevent trauma to patient
13.	Attach suction catheter to tubing	This prepares the equipment to suction effectively.
14.	Talk to the patient throughout explaining each what you are doing at all times	To prevent patient distress during procedure.
15.	Administer oxygen pre and post procedure if required.	To prevent desaturation
16.	Check the patient's observations and breathing pattern immediately prior to the procedure	To assess safety of procedure and check for signs of deterioration.
17.	Insert suction catheter gently into the mouth, with no suction, until it reaches the pouch of the cheek, close over the hole on the catheter if necessary, then gently sweep over the arch of the tongue to the pouch of the opposite cheek. Do not pass the suction catheter past the back of the teeth.	To avoid stimulation of gag reflex. Suction should be stopped if gag reflex elicited to avoid vomiting and aspiration.
18.	Only apply suction through the catheter for a short period of time (no longer than 10 seconds)	Longer than 10 secs might result in tissue grab causing damage to the sensitive lining of the mouth.

19.	Repeat again if necessary	To ensure all secretions are obtained
20.	If patient is able allow them to self-suction	It is more comfortable for the patient. They can control the procedure.
21.	Repeat respiratory & oral cavity assessment	To determine if intervention was effective.
22.	Suction cold clean water through the system	To clean tubing and prevent mucous plugging
23.	Empty the collection bottle by disposing of the contents down a toilet	To allow secretions to be flushed away and prevent transmission of microorganisms.
24.	Follow manufacturer's instructions for cleaning equipment after use	To ensure correct cleaning material is used to prevent damage to equipment
25.	If the cleaned suction catheter is suitable for further use with the same patient, within 24 hours, put back into plastic sheath (Yankauer only)	To keep Yankauer clean
26.	Ensure patient has recovered from the procedure and leave patient in a comfortable position	To ensure patient comfort and dignity
27.	Remove PPE and wash hands	Prevents transmission of microorganisms In line with Nottinghamshire Hospice Hand Hygiene Policy.
28.	Document clearly the consistency and colour of secretions as well as pre and post procedure respiratory assessment	To ensure there is an accurate record of the procedure. Ensures good communication.