LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director
District Nursing Services

ORAL NASAL SUCTIONING

I. GENERAL GUIDELINES

II. PURPOSE

To maintain a patent airway by removing excessive secretions from the oral and nasal cavities using bulb syringe or electric/battery operated vacuum suction device. Indications for suctioning include: drooling, nasal discharge, noisy or gurgling breathing sounds, mucus or saliva pooling in mouth and respiratory distress. Suctioning should be performed according to authorized healthcare provider's orders and upon request of student.

B. GENERAL INFORMATION

1. Since suctioning is often performed emergently, it is important to verify at the beginning of each day that all equipment/supplies are assembled and ready for immediate use. Log the activity daily using check list.
2. Equipment must be available during District provided transportation and school sponsored activities.
3. Suctioning should be provided whenever and wherever need arises.
4. Nasal suctioning is performed with bulb syringe only.

C. PERSONNEL

1. School nurse or school physician
2. District Assigned Qualified Personnel under direct or indirect supervision of the school nurse

1. EQUIPMENT

1. Provided by parent:
    a. Bulb syringe
    b. Electric/battery-operated suction machine including collection bottle, connecting tubing and adapter when needed.
    c. Disposable suction catheter of appropriate size (if ordered).
    d. Oral suctioning tool such as Yankauer catheter (if ordered).
    e. Normal saline ampules (if ordered)
    f. Water or saline to clean catheter

2. Provided by school:
    a. Disposable non-latex gloves
    b. Tissues
    c. Non-waxed plastic/paper cups
    d. Aluminum foil
    e. Plastic bag for disposal of waste
    f. Liquid detergent

III. PROCEDURE A - **BULB SYRINGE**

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
1. Establish the need for suctioning by observing student's respirations.	• The frequency of suctioning will vary with each student. • Signs of respiratory distress include agitation, noisy respirations, and cyanosis (bluish coloring).
2. Wash hands.	Clean technique is used in the school setting.
3. Assemble equipment on aluminum foil on clean flat surface. Fill cup with water.	
4. Place student in appropriate position and explain the procedure to the student.	Positioning is student-specific; varies according to healthcare provider recommendations and condition of the student.
5. Put on gloves	
6. a. Squeeze the bulb syringe away from student and place the tip gently into the nose or mouth where the secretions are visible or audible. b. Release the pressure on the bulb and let the bulb fill up. c. If the nasal secretions are too thick, put a few drops of normal saline in each nostril before suctioning with bulb syringe.	• Always suction nose first, as the mouth has more bacteria. • When suctioning the mouth, suction under the tongue along the cheeks, and in the back of the mouth. • Be careful when suctioning the back of the mouth, as this may cause the student to gag and vomit.
7. Remove the bulb syringe from the nose or mouth.	
8. a. Holding the bulb syringe over a tissue, squeeze the bulb to push out the secretions, and then let the bulb fill with air. b. Squeeze bulb draw up water and squeeze bulb to release water.	Rinse bulb syringe with water between suctioning if needed.
9. Repeat steps 6, 7 and 8 as needed until nose and mouth are clear.	
10. Clean bulb syringe with hot soapy water, rinse with fresh water, let dry and store.	
11. Dispose of waste materials.	Universal precautions require all waste material to be double bagged.

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
12. Remove gloves and wash hands.	
13. Document procedure indicating: a. Amount, color and consistency of secretions b. Response of student	Report to the school nurse and parent any changes from the student's usual pattern.

II. PROCEDURE B – **SUCTION MACHINE**

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
1. Establish the need for suctioning by observing student's respirations	The frequency of suctioning will vary with each student. Signs of respiratory distress include agitation, noisy respirations, and cyanosis (bluish discoloration.
2. Encourage student to cough.	Coughing may eliminate the need for suctioning or may bring secretions up for easier suctioning.
3. Wash hands.	Clean technique is used in school setting.
4. Assemble the equipment on aluminum foil on clean flat surface including extra catheters. Fill cup with water.	• Pouring water into the cup decreases risk of contamination. • Equipment for suctioning must be ready for immediate use at all times and checked daily by designated personnel.
5. Place student in appropriate position and explain the procedure to the student.	Positioning is student-specific, varies according to healthcare provider's recommendations and condition of the student.
6. Put on gloves.	
7. Turn on suction machine using non-dominant hand and hold catheter with dominant hand.	Regulate prescribed suction pressure, if indicated. Portable suction machines may not have adjustable pressure settings.
8. Attach clean catheter to suction tubing and hold catheter 2-3 inches from tip with dominant hand. Grasp catheter connection with non-dominant hand.	• Avoid touching inside of package to keep catheter clean. • **Dominant hand which handles catheter should remain clean.**

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
9. Place catheter tip into cup of water and draw water through.	Drawing water through the catheter checks the patency of the system, lubricates catheter, and allows some water in the collection bottle to prevent sticking of secretions.
10. Leave vent open and introduce and introduce into the student's mouth; no further than back of last tooth.	• Areas to be suctioned may include along the cheeks and around the tongue. • Use suction with caution when suctioning the oral cavity as this may cause student to gag and vomit.
11. Occlude vent with non-dominant thumb and slowly withdraw catheter. a. If using flexible catheter, rotate it between the thumb and index finger. b. If catheter "grabs" tissue, remove from the vent and stop suction.	If catheter is allowed to remain in one place, the mucus membrane tissue will be drawn against it; this will occlude the catheter and injure the tissue.
12. Draw sufficient water through catheter to clear tubing.	
13. Suction no longer than 10 seconds at a time and allow several breaths between suctioning periods.	Prolonged suctioning can produce laryngo-spasm, slow heart rate and/or irregular heart beat from vagal stimulation and loss of oxygen.
14. Repeat steps # 10, 11and 12 as needed until secretions are cleared from the mouth.	If symptoms of respiratory distress persist, **call 911. Notify school nurse and parent.**
15. a. When suctioning is completed, clear tubing. b. Cover catheter by replacing it in its package for reuse.	• Flexible catheter may be reused for 24 hours unless unable to clear tubing of secretions. • Yankauer device should be cleaned with soap and water daily, if used. • Examine the Yankauer for chips and cracks and replace as needed.
16. Discard waste materials.	Universal Precautions require all waste materials to be double bagged.
17. Remove gloves and wash hands.	
18. Document indicating: a. Reason for suctioning b. Amount, color, and consistency of secretions. c. Response of student	Report to the school nurse and parent any changes from the student's usual pattern.

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
19. At end of day: a. Put on gloves and empty contents of collection bottle into toilet. b. Wash collection bottle with warm, soapy water and rinse well. c. Remove gloves and wash hands.	

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Date

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REFERENCES:

California School Nurses Organization. The Green Book: California Guidelines for Specialized Physical Healthcare Procedures in School Settings, 2nd Edition (4/11). Sacramento, CA.

Porter, Haynie M, Bierle T, Caldwell T, Palfrey J, (2001) Guidelines for Care Children and Youth assisted by Medical Technology in Educational Settings.