

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

**Oropharyngeal and Nasopharyngeal Suctioning
(For use by Licensed Nursing Provider (LNP) Only)**

I. GENERAL GUIDELINES

A. PURPOSE

To maintain a patent airway by removing excess secretions from the oropharyngeal and nasopharyngeal cavities using electric/battery operated vacuum suction device. Indications for suctioning include: noisy or gurgling respirations, 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 the check list.
2. Equipment must be available during District provided transportation and school sponsored activities.
3. Suctioning should be performed as needed.
4. The nose should be suctioned before the mouth when both areas are to be cleared of secretions.
5. If suctioning is required during transportation, LNP may request bus to stop to perform the procedure.
6. Clean technique is used in the school setting.

C. PERSONNEL

1. School nurse or school physician
2. Licensed Nursing Provider

D. EQUIPMENT

1. Provided by parent:
 - a. Electric/battery-operated suction machine including collection bottle, connecting tubing and battery charger
 - b. Disposable suction catheters of appropriate size (if ordered)
 - c. Normal saline ampules (if ordered)
 - d. Water for suctioning or saline to clean catheter
2. Provided by school:
 - a. Non-waxed plastic/paper cups
 - b. Disposable non-latex gloves
 - c. Aluminum foil
 - d. Plastic bag for disposal of waste
 - e. Tissues
 - f. Liquid detergent

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II. PROCEDURE for Nasopharyngeal Suctioning

| ESSENTIAL STEPS | KEY POINTS AND PRECAUTIONS |
|---|---|
| 1. Establish the need for suctioning by assessing student's respirations. | The frequency of suctioning will vary with each student. Signs of respiratory distress include agitation, noisy respiration, and cyanosis (bluish coloring.) |
| 2. Encourage the student to cough. | Coughing may eliminate the need for suctioning or may bring secretions up for easier suctioning. |
| 3. Wash hands. | |
| 4. Assemble equipment on aluminum foil on clean flat surface. Fill cup with water. | Pouring water into the cup decreases risk of contamination. |
| 5. Place student in upright position facing forward. Explain procedure to student. | Position may vary depending on the student's condition and Healthcare Provider's orders. |
| 6. Put on gloves. | |
| 7. Measure the distance between the tip of the student's nose and ear canal to determine how far to insert the catheter. | The catheter tip will reach the nasopharynx. Many students may only need outer portion of nose suctioned. |
| 8. Turn on suction machine using non-dominant hand. Hold the catheter in dominant hand, 2-3 inches from tip. Place catheter tip into cup of water and draw water through. | This checks the patency of the system, lubricates the catheter and allows some water in the collection bottle preventing sticking of secretions. |
| 9. Introduce catheter into each nostril alternately. | Alternating nostrils will ensure cleaning of both nasal passages and will minimize trauma to either side. Be gentle, nose may bleed easily. Suction nose prior to suctioning mouth. |
| 10. Leaving the vent of the catheter open, elevate the tip of the nose and introduce the catheter along the floor of the nostril. | This position will facilitate introduction of the catheter. |

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| ESSENTIAL STEPS | KEY POINTS AND PRECAUTIONS |
|--|--|
| 11. Do not force catheter if obstruction is encountered; remove and insert at another angle or try the other nostril. | Some resistance should be expected when the catheter reaches the nasopharynx. |
| 12. Occlude vent with thumb of non-dominant hand and slowly withdraw catheter while rotating it between the thumb and index finger of dominant hand. * If secretions are thick, introduce a few drops of normal saline into each nostril. | |
| 13. Draw sufficient water through catheter to clear tubing. | |
| 14. Repeat suctioning as necessary, suction no longer than 10 seconds at a time and allow several breaths between suctioning periods. | Prolonged suctioning can produce laryngospasm, profound bradycardia and/or cardiac arrhythmia from vagal stimulation and loss of oxygen. |
| 15. Assess effectiveness by observing respirations. | If suctioning is ineffective and/or respiratory distress persists, call 911 . Notify the school nurse and parent. |
| 16. When suctioning is completed, clear tubing. Cover catheter by replacing it in its package for reuse. | Catheter may be reused for 24 hours. |
| 17. Dispose of waste materials. | Universal Precautions require that all waste material be double bagged. |
| 18. Remove gloves and wash hands. | |
| 19. Document procedure indicating: Report to the school nurse and parent any changes from the student's usual pattern. <ul style="list-style-type: none"> a. Reason for suctioning b. Amount, color and consistency of secretions. c. Response of student | |
| 20. At the end of the day, put on gloves and empty contents of collection bottle into toilet. Wash collection bottle with warm, soapy water. Rinse well. | |

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III. PROCEDURE for **Oropharyngeal Suctioning** (after nasopharyngeal suctioning has been performed, or if only oral suctioning, after steps #1-6 and #8, above)

| ESSENTIAL STEPS | KEY POINTS AND PRECAUTIONS |
|---|--|
| 1. Introduce catheter through the mouth, suction oral cavity and if necessary proceed to pharynx. | |
| 2. Draw sufficient water through catheter to clear tubing. | |
| 3. Repeat suctioning as necessary, suction no longer than 10 seconds at a time and allow several breaths between suctioning periods. | Prolonged suctioning can produce laryngospasm, profound bradycardia and/or cardiac arrhythmia from vagal stimulation and loss of oxygen. |
| 4. Assess effectiveness by observing respirations. | If suctioning is ineffective or if symptoms of respiratory distress persist, call 911. Notify school nurse and parent. |
| 5. When suctioning is complete, clear tubing. Cover catheter by replacing it in its package for reuse. | Catheter may be reused for 24 hours. |
| 6. Dispose of waste materials. | Universal Precautions require that all waste materials be double bagged. |
| 7. Remove gloves and wash hands. | |
| 8. Document procedure indicating: <ul style="list-style-type: none"> 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. |
| 9. At the end of the day, put on gloves and empty contents of collection bottle into toilet. Wash collection bottle with warm, soapy water. Rinse well. | Do not allow collection bottle to fill completely. |

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Rosina Franco, MD
Senior Physician, Student Medical Services



Ron Tanimura, Ed.D
Director, Student Medical Services



Sosse Bedrossian, MSN, MA, RN, FNP
Director, District Nursing Services

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