Indications:

1. Removal of vomitus, blood, secretions and other foreign matter from the airway.

Technique:

1. Upper Airway Suctioning.
   a. Turn patient on side, if possible, to facilitate clearance.
   b. Confirm patient is well oxygenated.
   c. Use Yankaur tip.
   d. Sweep upper airway under direct vision.
   e. Continue intermittent suctioning, as needed, interspersed with active oxygenation. Use BVM ventilation as indicated.
2. Lower Airway Suctioning.
   a. Confirm patient is well oxygenated. Consider gentle hyperventilation (4-5 breaths over 20 seconds) prior to tracheal suctioning.
   b. Use appropriate size suction catheter for ET tube in place.
   c. Gently insert catheter into tube as far as possible without suction.
   d. Apply suction and withdraw slowly.
   e. Re-oxygenate patient after 15 seconds.
   f. If suction catheter cannot reach the end of the endotracheal tube, consider a distal tube obstruction that may necessitate an ET tube “exchange”.

Notes

1. Hypoxia due to excessive suctioning time without adequate ventilation/oxygenation must be avoided.
2. Complications may be caused both by inadequate and excessive suctioning because of either poor technique or poor choice of equipment. Choose equipment with enough power to suction large amounts of debris rapidly.