5.8: Oral Suctioning

The purpose of oral suctioning is to maintain a patent airway and improve oxygenation by removing mucous secretions and foreign material (vomit or gastric secretions) from the mouth and throat (oropharynx). **Oral suction** is the use of a rigid plastic suction catheter, known as a yankauer (see Figure 5.3), to remove pharyngeal secretions through the mouth (Perry et al., 2014). The suction catheter has a large hole for the thumb to cover to initiate suction, along with smaller holes along the end, which mucous enters when suction is applied. The oral suctioning catheter is not used for tracheotomies due to its large size. Oral suctioning is useful to clear secretions from the mouth in the event a patient is unable to remove secretions or foreign matter by effective coughing. Patients who benefit the most include those with CVAs, drooling, impaired cough reflex related to age or condition, or impaired swallowing (Perry et al., 2014). The procedure for oral suctioning can be found in Checklist 42.

Figure 5.3 Suctioning with a yankauer
Checklist 42: Oral Suctioning

Disclaimer: Always review and follow your hospital policy regarding this specific skill.

Safety considerations:

- Avoid oral suctioning on patients with recent head and neck surgeries.
- Use clean technique for oral suctioning.
- Know which patients are at risk for aspiration and are unable to clear secretions because of an impaired cough reflex. Keep supplies readily available at the bedside and ensure suction is functioning in the event oral suctioning is required immediately.
- Know appropriate suctioning limits and the risks of applying excessive pressure or inadequate pressure.
- Avoid mouth sutures, sensitive tissues, and any tubes located in the mouth or nares.
- Avoid stimulating the gag reflex.
- Always perform a pre- and post-respiratory assessment to monitor patient for improvement.
- Consider other possible causes of respiratory distress, such as pneumothorax, pulmonary edema, or equipment malfunction.
- If an abnormal side effect occurs (e.g., increased difficulty in breathing, hypoxia, discomfort, worsening vital signs, or bloody sputum), notify appropriate health care provider.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
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<tbody>
<tr>
<td>1. Assess patient need for suctioning (respiratory assessment for signs of hypoxia), risk for aspiration, and inability to protect own airway or clear secretions adequately, which may lead to upper airway obstruction.</td>
<td>Baseline respiratory assessment, including an O₂ saturation level, can alert the health care provider to worsening condition. Signs and symptoms include obvious excessive secretions; weak, ineffective cough; drooling; gastric secretions or vomit in the mouth; or gurgling sounds with inspiration and expiration. Pooling of secretions may lead to obstruction of airway. Suctioning is required with alterations in oxygen levels and with increased secretions.</td>
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<td>2. Explain to patient how the procedure will help clear out secretions and will only last a few seconds. If appropriate, encourage patient to cough.</td>
<td>This allows patient time to ask questions and increase compliance with the procedure. Minimizes fear and anxiety.</td>
</tr>
<tr>
<td>Step</td>
<td>Instruction</td>
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<td>3.</td>
<td>Position patient in semi-Fowler’s position with head turned to the side.</td>
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<td>4.</td>
<td>Perform hand hygiene, gather supplies, and apply non-sterile gloves. Apply mask if a body fluid splash is likely to occur.</td>
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<td>5.</td>
<td>Fill basin with water.</td>
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6. Attach one end of connection tubing to the suction machine and the other end to the yankauer.

7. Turn on suction to the required level. Test function by covering hole on the yankauer with your thumb and suctioning up a small amount of water. Suction levels for adults are 100-150 mmHg on wall suction and 10-15 mmHg on portable suction units. Always refer to hospital policy for suction levels.

8. Remove patient’s oxygen mask if present. Nasal prongs may be left in place. Place towel on patient’s chest. Always be prepared to replace the oxygen if patient becomes short of breath or has decreased $O_2$ saturation levels. The towel prevents patient from coming in contact with secretions.

9. Insert yankauer catheter and apply suction by covering the thumb hole. Run catheter along gum line to Movement prevents the catheter from suctioning to the oral mucosa and causing trauma to the tissues.
the pharynx in a circular motion, keeping yankauer moving.

Encourage patient to cough.

Insert yankauer and apply suction by covering the thumb hole

Coughing helps move secretions from the lower airways to the upper airways.

Apply suction for a maximum of 10 to 15 seconds. Allow patient to rest in between suction for 30 seconds to 1 minute.

10. If required, replace oxygen on patient and clear out suction catheter by placing yankauer in the basin of water.

Replace oxygen to prevent or minimize hypoxia.

Clear suction tubing with water

Clearing out the catheter prevents the connection tubing from plugging.

11. Reassess and repeat oral suctioning if required.

Compare pre- and post-suction assessments to determine if intervention was effective.

12. Reassess respiratory status and $O_2$ saturation for improvements. Call for help if any abnormal signs and symptoms appear.

This identifies positive response to suctioning procedure and provides objective measure of effectiveness.

13. Ensure patient is in a comfortable position and call

This promotes patient comfort.
<table>
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<th>bell is within reach. Provide oral hygiene if required.</th>
<th>Cleanup prevents the transmission of microorganisms. Documentation provides accurate details of response to suctioning and clear communication among the health care team.</th>
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<tbody>
<tr>
<td>14. Clean up supplies, remove gloves, and wash hands. Document procedure according to hospital policy.</td>
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Data source: Perry et al., 2014; Potter et al., 2010

**Critical Thinking Exercises**

1. What is the purpose of oral suctioning? Name three types of patients at risk for airway obstruction or ineffective cough.

2. What is the rationale for encouraging the patient to cough before suctioning?