22.1: Tracheostomy Care and Suctioning Introduction

Learning Objectives

• Safely perform nasal, oral, pharyngeal, and tracheostomy suctioning
• Provide tracheostomy care
• Explain procedure to patient
• Adapt procedure to reflect variations across the life span
• Document actions and observations
• Recognize and report significant deviations from norms

This chapter will discuss tracheostomy care and various types of suctioning (e.g., oral, nasal, pharyngeal, and tracheostomy) performed by nurses. The purpose of respiratory suctioning is to maintain a patent airway and improve oxygenation by removing mucous secretions and foreign material (e.g., vomit or gastric secretions). During oral suctioning, a rigid plastic suction catheter is typically used in a patient’s mouth to remove oral secretions. Nasal and pharyngeal suctioning is performed with a sterile, soft, flexible catheter to remove accumulated saliva, pulmonary secretions, blood, vomitus, or other foreign material from nasopharyngeal areas that cannot be removed by the patient’s spontaneous cough or other less invasive procedures.[1]

Tracheostomy suctioning uses a sterile catheter that is inserted through a tracheostomy tube into a patient’s trachea. A tracheostomy tube is a tube that is inserted through a surgical opening in the neck to the trachea to create an artificial airway. Tracheostomies require routine care to prevent infection and obstruction, as well as frequent suctioning to maintain a patent airway.[2] Tracheostomy care and suctioning are performed collaboratively by nurses and respiratory therapists.

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