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1. **What is suctioning and why do we do it?**

Suction is used for children who aren’t able to bring up (clear) their own secretions (saliva, mucus). We suction a child to remove excess secretions from the child’s nose, mouth or tracheostomy tube.

If the secretions aren’t removed the child could get a chest infection (from the secretions going into the lungs), or the build up of secretions could block the child’s airway and cause them to choke and cough a lot.

There are a few different home suction machines but the steps to suction a child are the same with each machine.

2. **When to suction a child**

- You can hear the secretions in the child’s airway
- You can feel excessive (lots of) secretions by putting your hand over the child’s chest
- The child is having difficulty breathing
- The child can’t cough up or spit out/swallow the secretions
- The child is vomiting
- The child asks to be suctioned

3. **How to suction a child’s mouth**

**Equipment needed:**

- Home suction machine
- Suction tubing
- Suction catheter
- Hand gel
- Gloves
- Container of cooled boiled water

**Procedure**

1. Wash your hands (can use ABHR)
2. Put on gloves
3. Turn on/activate suction machine
4. Remove suction catheter from its cover, making sure not to touch the part of the catheter that will go into the child
5. Place the catheter into the mouth (you should be able to see the end of the catheter end in the mouth at all times) usually aiming towards the side of the mouth between the inner cheek and teeth
6. Do not use suction while putting the catheter into the mouth
7. When the catheter is in far enough start suctioning by placing your thumb over the suction hole on the catheter
8. Withdraw the catheter over 5-10 seconds. Be careful not to suction against the soft tissues of the mouth
9. Do not suction any longer than 5-10 seconds each time
10. Let the child get their breath

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11. Re-suction as necessary (after cleaning the catheter with cooled boiled water)—you may need to suction a few times in a row in order to fully remove all the secretions. Be sure to let the child breathe between each suction.

12. Remove the gloves and discard.

13. Wash your hands (can use ABHR).

If the secretions are not in the patient’s mouth, you may need to suction a bit deeper down the back of the mouth/throat (into their pharynx).

**Procedure**

1. If you haven’t done so already perform steps 1-3 listed above.

2. Measure the distance from the corner of the child’s mouth to the tip of their ear with a soft suction catheter—this is the maximum length of catheter that should be inserted into the child’s mouth.

3. Put the catheter in the child’s mouth and gently pass it down the middle of the tongue to the back of the tongue, making sure to follow the curve of the tongue down the back of the throat.

4. Remove the gloves and discard.

5. Wash your hands (can use ABHR).

If secretions are blocking the catheter you can clean it by suctioning some cool boiled water through the tube.

Look at the secretions, if they do not seem normal for the child; please tell the child’s family or usual caregivers. If there is a moderate amount of blood in the secretions you must inform the family (sometimes a small amount of blood can result from trauma to the mouth tissue due to the suctioning procedure).

**4. How to suction a child’s nose**

If the child needs nasal suctioning (see child specific care plan) follow the instructions for oral suctioning with just a few differences:

**Procedure**

6. Wash your hands (can use ABHR)

7. Put on gloves

8. Turn on/activate suction machine

9. Remove suction catheter from its cover, making sure not to touch the part of the catheter that will go into the child.

10. Measure from the tip of the child’s nose to the tip of their ear to get the right distance to put the catheter into the nose (be careful not to touch the catheter to the child’s face).

11. If needed, lubricate the catheter with a water based lubricant before inserting it.

12. Insert the suction catheter into the nose.

13. Do not use suction while putting the catheter into the mouth.

14. When the catheter is in far enough start suctioning by placing your thumb over the suction hole on the catheter.

15. Withdraw the catheter over 5-10 seconds.

16. If secretions are blocking the catheter you can clean it by suctioning some cool boiled water through the tube.
17. After you have finished suctioning the nose clear the suction tubing with cooled boiled water.

18. Look at the secretions, if they do not seem normal for the child; please tell the child’s family or usual caregivers. If there is a moderate amount of blood in the secretions you must inform the family (sometimes a small amount of blood can result from trauma to the mouth tissue due to the suctioning procedure).

19. Remove gloves and discard.

20. Wash your hands (can use ABHR)

Please note:

- You must be very gentle when inserting the catheter into the child’s nose as it is a very delicate area.
- It can be difficult to get the catheter into the right area of the nose. You should never push if you feel resistance, try putting the catheter in at different angles to find the nasal passage (initially it can be helpful to try and aim the catheter towards the opposite eye).

### 4.1 Throwing out suction catheters

- Every 24 hours.
- If the catheter looks blocked with thick secretions and you can’t clear it with water.
- If the catheter tip comes into contact with anything other than the child’s mouth or nose.
- If you drop the catheter.
- If you have suctioned the nose and plan to suction the mouth again (you could keep one catheter for the mouth and one for the nose).

### 4.2 Important points about suctioning

- Suctioning can stimulate (cause) a cough, which will help to clear the child’s throat.
- Suctioning too far down the child’s mouth can cause the child to vomit.
- Frequent suctioning can irritate the soft tissues of the nose and mouth causing those cells to produce even more mucus.
- Only suction when necessary. Try changing the child’s position and encourage them to cough, in order to reduce that chance of needing suction.
- Never suction a child (unless in an emergency situation) when they are having a Nasogastric or gastrostomy feed, it may cause them to gag or vomit.