

## *Suctioning a Tracheotomy*

### ***Purpose:***

To remove mucus from the child's trach tube and windpipe, and allow for easier breathing.

### ***Why:***

Mucus is the respiratory trach's normal cleansing mechanism. The first few weeks after a tracheotomy, your child may produce a large amount of mucus. This is the body's normal reaction to a small irritant (the tube) in the trachea. Soon the amount of mucus should decrease.

### ***How Often:***

Encourage your child to cough. This helps to clear the excess mucus from the lungs. Suctioning is done if coughing does not effectively clear the airway; or periodically during the day to be sure the trach tube does not get coated with mucus. Suctioning should be done upon awakening from a night's sleep and before going to bed at night.

Frequency of suctioning will vary with the age and size of the child, the underlying condition and the amount of mucus produced.

### ***When to Suction:***

Become aware of your child's normal breathing, so you can know what you see, feel and hear when he needs suctioning. Signs to suction may include: rattling mucus not cleared with cough, fast breathing, or bubbles of mucus at trach opening.

### ***Advanced Signs to Suction May Include:***

- frightened look
- flared nostrils - restlessness
- paleness or bluishness around mouth
- clammy skin
- sinking in of the chest (retractions)

### ***Irrigating Solution:***

Saline, a pre-mixed solution of salt water, is often used to irrigate the trach tube in the morning upon awakening and as needed for thick secretions. Saline does not thin the secretions but does moisten the airway, loosen mucus crusts from the trach tube, and stimulates an effective cough.

### ***Equipment:***

- Suction machine-pressure set 80-100 for small children. 100-120 for older children.
- Marked suction catheter 1/4-1/2 inch past trach tube using obturator as a guide.
- Normal saline
- Paper cup
- Eye dropper/syringe
- Manual breathing bag with trach adaptor (optional)
- Kleenex

***Procedure:***

1. Wash hands well with soap and water.
2. Set up equipment.
3. Pour saline into container.
4. Put on gloves.
5. Connect catheter to suction machine tubing.
6. Turn on suction machine.
7. Place tip of catheter into saline to moisten it and test it to see if suction works.
8. Put 1 dropperful of normal saline into trach tube (1/2 dropperful for infants and small children).
9. Catch coughed secretions in a kleenex.
10. Above step may be omitted if secretions are already loose and can be easily coughed up.
11. Ask the child to take three deep breaths (or with breathing bag give child 3-5 breaths).
12. Without applying suction pressure, gently insert the catheter into the trach tube as far as shown on the marked catheter. (Deeper insertion may be needed if child has an ineffective cough).
13. Put your thumb over opening of the catheter to create a vacuum.
14. Use a gentle circular motion while withdrawing the catheter so that the mucus is removed well from all areas.
15. Do this step in about 5-10 seconds.
16. Draw saline from the cup through the catheter to clean out the mucus.
17. Let the child catch his breath (or repeat bag breathing) between suctioning attempts.
18. Repeat suctioning until the child's respirations sound clear and catheter returns with little or no mucus.
19. Dispose of suction catheter, saline, gloves and turn off suction machine.

***For Questions or Emergency Care:***

Call the office at **601-984-5160**. You may need to speak with the doctor on-call.