SELF ASSESSMENT – MODULE A-2: Nasotracheal Suctioning

1. List the indication for nasotracheal suctioning as outlined by the AARC's CPG on the topic.

THE NEED TO MAINTAIN A PATENT AIRWAY AND REMOVE SECRETIONS OR FOREIGN MATERIAL FROM THE TRACHEA IN THE PRESENCE OF AN INABILITY TO CLEAR SECRETIONS; AN AUDIBLE EVIDENCE OF SECRETIONS IN THE LARGE/CENTRAL AIRWAYS THAT PERSIST IN SPITE OF PATIENT'S BEST COUGH EFFORT.

- **2.** List three clinical findings one might find that would indicate the need to suction the nasopharynx.
 - A. AUDIBLE RHONCHI
 - B. WITH OR WITHOUT A STETHOSCOPE
 - C. RHONCHAL (BRONCHIAL) FREMITUS
 - D. VISIBLE SECRETIONS (ORALLY OR IN AIRWAY)
 - E. WEAK OR INEFFECTIVE COUGH
 - F. OTHER FINDINGS
 - G. OXYGEN DESATURATION
 - H. INCREASED WOB
 - I. TACHYPNEA, TACHYCARDIA, INCREASED BP
- What is the most common complication of nasopharyngeal suctioning?
 TISSUE TRAUMA
- **4.** What level of vacuum is appropriate for each of the following patients?

A. Adult: **100 – 120 mm Hg**

B. Child: **80 – 100 mm Hg**

C. Infant: **60 – 80 mm Hg**

- **5.** List two contraindications for nasotracheal suctioning:
 - A. EPIGLOTITTIS OR CROUP (ABSOLUTE CONTRAINDICATION)
 - B. OCCLUDED NASAL PASSAGES
 - C. NASAL BLEEDING, SYSTEMIC COAGULOPATHY OR BLEEDING DISORDER
 - D. LARYNGOSPASM
 - E. IRRITABLE AIRWAY
 - F. ACUTE HEAD, FACIAL OR NECK INJURY
 - G. UPPER RESPIRATORY TRACT INFECTION

- **6.** List three complications associated with nasotracheal suctioning:
 - A. TRAUMA
 - i. LACERATION OF NASAL TURBINATES
 - ii. PERFORATION OF THE PHARYNX
 - iii. NASAL IRRITATION/BLEEDING
 - iv. TRACHEITIS
 - v. MUCOSAL HEMORRHAGE
 - B. **HYPOXIA/HYPOXEMIA**
 - C. CARDIAC DYSRHYTHMIAS (SINUS TACHYCARDIA,, VENTRICULAR ECTOPY)
 - D. CARDIAC ARREST
 - E. SINUS BRADYCARDIA
 - F. HYPER/HYPOTENSION
 - G. RESPIRATORY ARREST
 - H. GAGGING AND VOMITING WITH POTENTIAL ASPIRATION
 - I. ATELECTASIS
 - J. LARYNGOSPASM
 - K. BRONCHOSPASM
 - L. NOSOCOMIAL INFECTION
 - M. UNCONTROLLED COUGHING
 - N. PAIN
 - O. ATELECTASIS
 - P. MISDIRECTION OF CATHETER
 - Q. INCREASED INTRACRANIAL PRESSURE
 - i. IVH
 - ii. EXACERBATION OF CEREBRAL EDEMA
- 7. When should suction be applied during the suctioning process?
 ONLY ON THE WAY OUT