

**Specialized Health Care Procedure:**

**Oral (Mouth and Pharyngeal Area) Suctioning**

**Purpose:** Oral suctioning is performed to enable the removal of secretions when the student is unable to remove them on his/her own. Suction only when the child’s own cough mechanism is not effective enough to clear secretions. Unnecessary suctioning is irritating to the mucosa and may initiate infection. Symptoms or need for suctioning can be expressed by: noisy, rattling or gurgling breathing sounds; secretions (e.g. mucus or saliva) pooling in the back of the throat; respiratory distress (e.g., difficulty breathing, agitation, paleness, excessive coughing or choking, cyanosis (blueness)).

**Requirements:** Parents/guardians are required to sign a written authorization for the oral suctioning. A written physician order must also be obtained. Parents/guardians are required to supply all medication and equipment needed to administer the medication.

**Personnel authorized to perform procedure:** Can be performed by and RN or LPN, or by any designated staff member trained by the nurse. Training will be reviewed on a yearly basis.

**Equipment required:** Suction pump, catheters, non-sterile gloves, water with container (for cleaning tubing).

**Procedure:**

1. Set up materials.
2. Wash hands with soap and water and dry thoroughly.
3. Reassure the student and explain procedure at his/her level of understanding.
4. Turn on the suction machine.
5. The student should be in a sitting or semi-reclining position.
6. Turn on suction machine to check function.
7. Open suction catheter without touching the inside of package.
8. Put gloves on.
9. In the dominant hand, hold the catheter and attach appropriate end to the suction machine. Keep the other end of the catheter in the package.
10. Turn on machine with other hand to prescribed suction pressure.
11. Remove suction catheter from package and hold 2-3 inches from the tip with dominant hand.
12. Grasp catheter connection with other hand; cover vent hole with thumb to suction a small amount of water through the catheter.
13. With thumb off vent hole, insert catheter gently into the mouth.
14. Cover vent hole with nondominant thumb. Gently rotate catheter between thumb and index finger while suctioning and withdrawing.
15. Suction up some water to rinse secretions out of catheter.
16. Repeat mouth suctioning procedure if gurgling noises persist.
17. Turn off machine and discard catheter.
18. Discard gloves in appropriate receptacle.
19. Wash hands.
20. Note color, consistency, and amount of secretions on individual student clinic record. Report to the family any changes from the student’s usual pattern.
21. Suction bottle should be emptied and rinsed with soap and water at the end of the day, if suction machine was used. Rinse bottle and tubing with bleach solution at the end of the week, if machine was used.

**Parent Authorization for  
Specialized Health Care Procedure**

I, the undersigned, who is the parent/guardian of \_\_\_\_\_ request that the following health care service:

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be performed on my child. I understand that a trained designated staff member will be performing this procedure. It is my understanding that in performing this procedure, the designated person(s) will be using a standardized procedure which has been approved by our physician. I will notify the school immediately if the health status of our child changes, I change physicians, or there is a change or cancellation of the procedure.

**Signature of parent/guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Physician’s Order for  
Specialized Health Care Procedure**

Student’s Name \_\_\_\_\_ DOB \_\_\_\_\_

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Check one:

- \_\_\_\_\_ I have reviewed the Health Care Procedure and approve of it as written.
- \_\_\_\_\_ I have reviewed the Health Care Procedure and approve of it with the attached amendments.
- \_\_\_\_\_ I do not approve of the Health Care Procedure. A substitute procedure is attached.

Duration of the procedure (not to exceed current school year): \_\_\_\_\_

**Physician’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_