# Document Control

## Title

**Oropharyngeal & Oral Yankauer Suction Standard Operating Procedure**

## Author's job title

Community Respiratory Physiotherapist

## Directorate

Health & Social Care Community Services

## Department

Respiratory/CREADO

## Version

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Issued</th>
<th>Status</th>
<th>Comment / Changes / Approval</th>
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<tr>
<td>0.1</td>
<td>Jun 2015</td>
<td>Draft</td>
<td>Initial version for consultation</td>
</tr>
<tr>
<td>1.0</td>
<td>Jul 2015</td>
<td>Final</td>
<td>Approved by Respiratory Therapy Group. Transferred to New Trust Format and Published on Bob.</td>
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<tr>
<td>2.0</td>
<td>April 2019</td>
<td>Revision</td>
<td>Approved by the Respiratory Therapy Group</td>
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## Main Contact

Community Respiratory Physiotherapist  
Barnstaple Health Centre  
Barnstaple  
Devon EX32 7BH

## Lead Director

Director of Nursing

## Document Class

Standard Operating Procedure

## Target Audience

All Respiratory Staff

## Distribution List

Senior Management

## Distribution Method

Trust’s website

## Superseded Documents

Issue Date: April 2019  
Review Date: April 2022  
Review Cycle: Three years

## Consulted with the following stakeholders:

- Ward Managers  
- Physiotherapy in Patient Manager  
- Physiotherapy Advanced Practitioner  
- Infection Control Team  
- Assistant Director of Nursing

## Approval and Review Process

- Respiratory Physiotherapy Specialist Interest Group

## Local Archive Reference

G:\CREADO\Outreach\SUCTION\SOP’s 2018

## Local Path

G:\CREADO\Outreach\SUCTION

## Filename

Oropharyngeal and Oral Yankauer Suction SOP V2.0 Nov18

## Policy categories for Trust’s internal website (Bob)

- Respiratory, Physiotherapy, CREADO

## Tags for Trust’s internal website (Bob)

- Respiratory, Suction, Airway
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1. **Introduction**

This document sets out Northern Devon Healthcare NHS Trust’s procedure for the use of Oropharyngeal and Oral Yankauer Suction. It provides a clear process to ensure a consistent approach across all clinical areas within the Trust.

2. **Purpose**

The Standard Operating Procedure (SOP) has been written to:

- Support the main Suction Policy and should be used in conjunction with this.
- Identify the procedure to be implemented when the use of oropharyngeal and oral yankauer suction is required. Please note that this is a guideline only and a clinician’s clinical judgement should be utilised following thorough assessment of the patient.

3. **Scope**

This Standard Operating Procedure (SOP) relates to the following staff groups who may be involved in the assessment and delivery of oropharyngeal and oral yankauer suction on the wards or for oral suction in the community:

- Physiotherapists
- Registered nurses
- Medical staff

4. **Location**

This Standard Operating Procedure ~ oropharyngeal and oral yankauer suction can be implemented in all clinical areas where competent staffs are available to undertake this role.

Staff undertaking this procedure must be able to demonstrate continued competence as per the organisations policy on assessing and maintaining competence.

5. **Equipment**

- Oropharyngeal Suction
- Functional suction unit
- Suction catheters with port incorporated or the addition of a port
- Patient 6’ (foot) tubing
6. **Procedure - Oropharyngeal**

Oropharyngeal is an invasive and potentially traumatic procedure it should only be used following a thorough assessment and where other less invasive interventions have proved ineffective.

If repeated suctioning is to take place then the use of an oral airway should be considered following discussion with medical staff and inserted by a clinician who is clinically competent to do so. An oral airway should not be used in the conscious or semi-conscious patient in case of stimulation of the gag reflex and the potential aspiration of the gastric contents.

- Assess the need for suction.
- This procedure should be performed as a sterile non touch technique.
- Explain the procedure to the patient and gain consent. Explain to the patient how it will feel, why it is necessary, how long it will take and that they may ask for the procedure to stop at any time.
- For patients who are unable to give consent the Mental Capacity and Best Interest Assessment must be completed and reviewed regularly, so that a decision to treat in best interests can be made. The form can be found on BOB.
- Position the patient in side lying to avoid vomiting and aspiration. Upright head up position can also be utilised to make insertion of the catheter easier. In neonates aim for an elevated position of approximately 30 degrees in supine or side lying.
- Decontaminate your hands and don appropriate personal protective equipment.
- Check their observations and monitor them throughout the procedure.
- Have an oxygen mask and tubing with oxygen flowing close to hand and ready to use.
• Pre oxygenate the patient if they are likely to become hypoxaemic as a result of the procedure, or are receiving supplemental oxygen.

• For patients who are self-ventilating on air but may become hypoxaemic during or after the procedure pre and post oxygenate for 2 minutes.

• For self-ventilating patients who run on a hypoxic drive and may become hypoxaemic during or post procedure raise their oxygen 20% above baseline for between 20-30 seconds.

• Set the suction pressure. Turn on the suction at the unit/ machine. Ensure the patient tubing is attached to the suction unit/ machine. Occlude the end of the patient tubing with your thumb. Observe the dial on the suction unit; adjust the pressure using the pressure regulator knob to the desired level (see below).

<table>
<thead>
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<th>Suction pressure</th>
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<tbody>
<tr>
<td><strong>Adult</strong></td>
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<tr>
<td>12-20 KPa or 100-150 mm Hg</td>
</tr>
<tr>
<td><strong>Infants</strong></td>
</tr>
<tr>
<td>11-13 KPa or 80-100 mmHg</td>
</tr>
<tr>
<td><strong>Neonates</strong></td>
</tr>
<tr>
<td>8-11 KPa or 60-80 mm Hg</td>
</tr>
</tbody>
</table>

• The suction pressure needs to be high enough to clear secretion but low enough to minimise trauma.

• Select an appropriately sized catheter; if secretions are thick opt for a larger size. If using an oral airway the suction catheter needs to pass easily through it.

• Open the end of the catheter packaging.

• Attach the catheter whilst contained within the packaging, to the end of the patient tubing incorporating a port if there isn’t one within the suction catheter.

• Using a sterile glove on your dominant hand remove the suction catheter from its packaging.

• With your thumb OFF the port, use your sterile hand to slide the catheter gently into the mouth or airway lumen. To reduce the risks of entering the oesophagus slide the catheter down during inspiration. If the patient swallows during the procedure then the catheter may have gone into the oesophagus. If this happens withdraw slightly and continue the procedure.
Once a cough is stimulated and the catheter inserted adequately apply suction by covering the port with your thumb. If resistance is met on insertion of the catheter this may be the carina, the catheter should be withdrawn 1 cm before applying suction, to avoid trauma.

Remove the catheter gently whilst applying continuous suction, for the duration below. Do not pass the catheter back and forth repeatedly as this may spread infection and cause trauma.

<table>
<thead>
<tr>
<th>Duration</th>
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<tbody>
<tr>
<td><strong>Adult</strong></td>
</tr>
<tr>
<td>Up to 15 seconds</td>
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<tr>
<td><strong>Children of more than 1 year old</strong></td>
</tr>
<tr>
<td>No longer than 10 seconds</td>
</tr>
<tr>
<td><strong>Neonate and infants up to 1 year</strong></td>
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<tr>
<td>Do not exceed 5 seconds</td>
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</tbody>
</table>

Once the catheter is fully withdrawn from the airway, discontinue suction and wind the catheter around the sterile gloved hand and remove the glove over the catheter. Discard glove and catheter together, according to local infection control policy.

Apply oxygen if the patient becomes hypoxaemic following the procedure or if they are already receiving supplemental oxygen.

Flush through the suction tubing using sterile water in a jug. If using an oral airway remove it unless it is required to maintain airway patency.

Reassess the patient’s clinical response to the procedure and whether they need further suctioning. Always allow plenty of time for the patient to recover between each suction pass.

7. **Procedure – Oral Yankauer**

- Assess the need for suction.
- This procedure should be performed as a clean technique.
- Explain the procedure to the patient and gain consent. Explain to the patient how it will feel, why it is necessary, how long it will take and that they may ask for the procedure to stop at any time.
• For patients who are unable to give consent the Mental Capacity and Best Interest Assessment must be completed and reviewed regularly, so that a decision to treat in best interests can be made. The form can be found on BOB.

• Position the patient in a comfortable, head up position with their head turned towards you.

• If the patient is able allow them to self-suction.

• Decontaminate your hands and don appropriate personal protective equipment.

• Set the suction pressure to 5-10 kPa or 37.5-75 mmHg, the suction pressure must be high enough to clear the secretions but low enough to minimise trauma.

• Attach the yankauer sucker to the patient tubing.

• Insert the yankauer sucker into the patient’s mouth with your thumb off the port.

• Do not pass the yankauer sucker pass the back of the teeth to avoid stimulation of airway reflexes.

• Apply suction by covering the port with a finger as you withdraw the yankauer work from the back of the mouth forwards.

• Ensure that the soft tissue does not come into contact with the suction tube to prevent tissue damage.

• Ensure the mouth cavity is clear and the patient is breathing comfortably.

• Assess the patient’s response to suctioning and reassess the need for further suction.

• If secretions have collected around or under the mouth plates or gum protectors, these should be removed cleaned and replaced.

• Rinse the yankauer sucker through with sterile or cool boiled water.

• Dispose of the catheter in accordance with local policy.
8. References

- Knox T, 2011, practical Aspects of oro-nasopharyngeal suction in children, Nursing children and young people vol 20, no 7, pages 14-17
- Adult, Paediatric and Neonatal Airway Suction Policy, (March 2012) St George’s Healthcare NHS Trust

9. Associated Documentation

Northern Devon Healthcare NHS Trust Policies for:

- Suction Policy
- Single Use Policy
- Consent Policy
- Aseptic Techniques Policy
- Mental Capacity Act Policy
- Standard Infection Control Precautions Policy
- Oxygen Policy