

P. **SELF-ASSESSMENT – MODULE A-4 – Suctioning of the Artificial Airway**

1. List three situations that would indicate that suctioning of an artificial airway may be needed.

- a. **THE NEED TO REMOVE ACCUMULATED PULMONARY SECRETIONS AS EVIDENCED BY ONE OF THE FOLLOWING:**
  - i. **COARSE BREATH SOUNDS BY AUSCULTATION OR 'NOISY' BREATHING**
  - ii. **INCREASED PEAK INSPIRATORY PRESSURES DURING VOLUME-CONTROLLED MECHANICAL VENTILATION OR DECREASED TIDAL VOLUME DURING PRESSURE-CONTROLLED VENTILATION.**
  - iii. **PATIENT'S INABILITY TO GENERATE AN EFFECTIVE SPONTANEOUS COUGH.**
  - iv. **VISIBLE SECRETIONS IN THE AIRWAY**
  - v. **CHANGES IN MONITORED FLOW AND PRESSURE GRAPHICS**
  - vi. **SUSPECTED ASPIRATION OF GASTRIC OR UPPER AIRWAY SECRETIONS**
  - vii. **CLINICALLY APPARENT INCREASED WORK OF BREATHING**
  - viii. **DETERIORATION OF ARTERIAL BLOOD GAS VALUES**
  - ix. **RADIOLOGIC CHANGES CONSISTENT WITH RETENTION OF PULMONARY SECRETIONS**
- b. **THE NEED TO OBTAIN A SPUTUM SPECIMEN TO RULE OUT OR IDENTIFY PNEUMONIA OR OTHER PULMONARY INFECTION OR FOR SPUTUM CYTOLOGY**
- c. **THE NEED TO MAINTAIN THE PATENCY AND INTEGRITY OF THE ARTIFICIAL AIRWAY**
- d. **THE NEED TO STIMULATE A PATIENT COUGH IN PATIENTS UNABLE TO COUGH EFFECTIVELY SECONDARY TO CHANGES IN MENTAL STATUS OR THE INFLUENCE OF MEDICATION**
- e. **PRESENCE OF PULMONARY ATELECTASIS OR CONSOLIDATION, PRESUMED TO BE ASSOCIATED WITH SECRETION RETENTION**

2. Given the following inner diameters of artificial airways, determine the appropriate size suction catheter.

a. 7.0 mm ID  $\frac{ID \times 3}{2} = \frac{7 \times 3}{2} = \frac{21}{2} = 10.5, 10 \text{ Fr}$

b. 6.5 mm ID  $\frac{ID \times 3}{2} = \frac{6.5 \times 3}{2} = \frac{19.5}{2} = 9.75, 8 \text{ Fr}$

c. 4.5 mm ID  $\frac{ID \times 3}{2} = \frac{4.5 \times 3}{2} = \frac{13.5}{2} = 6.75, 6 \text{ Fr}$

d. 8.0 mm ID  $\frac{ID \times 3}{2} = \frac{8 \times 3}{2} = \frac{24}{2} = 12, 12 \text{ Fr}$

3. For what duration of time should preoxygenation be performed prior to suctioning an artificial airway?  
**PRE-OXYGENATE WITH 100% OXYGEN FOR A MINIMUM OF 30 SECONDS (ETS CPG)**
4. What is the maximum amount of time vacuum pressure should be applied?  
**NO MORE THAN 10 – 15 SECONDS**
5. List three hazards to suctioning of an artificial airway.

- a. **TRAUMA TO MUCOSA**
- b. **HYPOXEMIA**
- c. **ARRHYTHMIAS (BRADYCARDIA FROM VAGAL NERVE STIMULATION, TACHYCARDIA USUALLY FROM HYPOXEMIA, CARDIAC ARREST...)**
- d. **HYPERTENSION / HYPOTENSION**
- e. **ATELECTASIS**
- f. **CARDIAC/RESPIRATORY ARREST**
- g. **UNCONTROLLED COUGHING**
- h. **GAGGING AND VOMITING (NT ONLY)**
- i. **NOSOCOMIAL INFECTION**
- j. **BRONCHOSPASM**
- k. **LARYNGOSPASM (NT ONLY)**
- l. **INFECTION**
- m. **PULMONARY HEMORRHAGE**
- n. **ELEVATED INTRACRANIAL PRESSURE (ICP)**
- o. **PATIENT DISCOMFORT**
- p. **INTERRUPTION OF MECHANICAL VENTILATION**
- q. **FAILURE OF THE SUCTION SYSTEM TO GENERATE SUFFICIENT VACUUM PRESSURE**

6. Describe three precautions should be taken to prevent dysrhythmias.
  - a. **PRE & POST OXYGENATE**
  - b. **SUCTION PROCEDURE TIME 20 SECONDS TOTAL**
  - c. **SUCTION APPLICATION TIME 10 – 15 SECONDS**
  
7. List three benefits of a closed-suction system over an open one.
  - a. **DOESN'T REQUIRE DISCONNECTION FROM THE VENTILATOR. THIS MAY BE USEFUL IN THE FOLLOWING SITUATIONS:**
    - i. **UNSTABLE PATIENTS WITH:**
      - (A) **HIGH PEEP**
      - (B) **HIGH PAW**
      - (C) **LONG T INSP.**
      - (D) **HIGH Fio<sub>2</sub>**
    - ii. **HEMODYNAMICALLY UNSTABLE PATIENTS**
    - iii. **PATIENTS WHO HAVE SIGNIFICANT DESATURATIONS DURING CONVENTIONAL SUCTIONING**
    - iv. **PATIENTS NOT TOLERATING OPEN SUCTION**
    - v. **PATIENTS WITH CONTAGIOUS PULMONARY INFECTION (TB)**
    - vi. **PATIENTS NEEDING FREQUENT SUCTIONING (E.G. SIX TIMES PER DAY)**
    - vii. **PATIENTS INHALING SPECIALTY GAS MIXTURES (NO, HE/O<sub>2</sub>)**
  
8. Describe the purpose of the black line on the closed suction catheter.  
**NOTES THAT THE CATHETER HAS BEEN REMOVED FAR ENOUGH FROM THE AIRWAY.**
  
9. List three possible solutions for correcting a situation where there is no vacuum pressure present.
  - a. **TIGHTEN CONNECTIONS (LEAKS).**
  - b. **EMPTY CANISTER (FULL?).**
  - c. **CHECK ASSEMBLY OF CANISTER AND TUBING.**
  - d. **MAKE SURE WALL REGULATOR IS PLUGGED IN.**
  - e. **MAKE SURE WALL REGULATOR IS ON AND SET TO CONTINUOUS.**
  
10. Name the collection device used when obtaining a sterile sample for analysis.  
**LUKEN'S TRAP**