

# Nasopharyngeal Suctioning

Nasopharyngeal suctioning is used to remove secretions from the nose and nasopharynx in patients who are unable to effectively clear their upper airway. Bronchiolitis is a common condition for which nasopharyngeal suctioning is required. Before, during and following suctioning it is important to assess the infant or child's colour, pulse rate, respirations and oxygenation. In the event of hypoxia, bradycardia or apnoea, immediately stop the procedure and provide airway support and oxygen as required. Seek urgent medical attention.

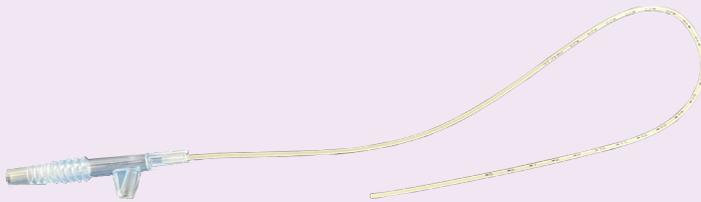


## ALERT

Nasopharyngeal suctioning is contraindicated in children with known coagulation or bleeding disorders, or children with a suspected base of skull fracture.

1

### GATHER & PREPARE EQUIPMENT



Suction catheter

Normal Saline  
(only as indicated)

\*Nasopharyngeal suctioning is an Aerosol Generating Procedure (AGP). Please follow your local guidelines as to the PPE is required for AGPs.

### Guide to suction catheter sizing and maximum suction pressures:

Age	 < 1 year	 1-2 years	 2-6 years	 6 -9 years	 > 10 years
Suction Catheter Size	6F	6-8F	6-8F	8-10F	10-12F
Maximum Suction Pressures	60-90cm H <sub>2</sub> O (10 kPa)	90-110cm H <sub>2</sub> O (10-15 kPa)	90-110cm H <sub>2</sub> O (10-15 kPa)	110 – 150cm H <sub>2</sub> O (15-20 kPa)	110 – 150cm H <sub>2</sub> O (15-20kPa)



## ALERT

Suctioning may induce a vasovagal response which may result in bradycardia with or without apnoea. If this occurs, cease suctioning and manage airway, breathing and circulation as indicated.

Always have a functioning oxygen supply, oxygen meter, oxygen tubing and oxygen face-mask available before suctioning in preparation for a potential hypoxic event. Ensure an emergency trolley is easily accessible.

Seek help from a senior clinician where adverse events occur as a result of suctioning.



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## PROCEDURE

Position supine with access to the nose. Ensure SpO<sub>2</sub> monitoring is attached.



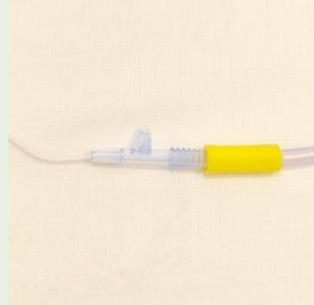
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Ask assistant to hold to minimise movement of patient's head.



4

Attach the suction catheter to the suction tubing and set the suction to an appropriate level (refer to table).



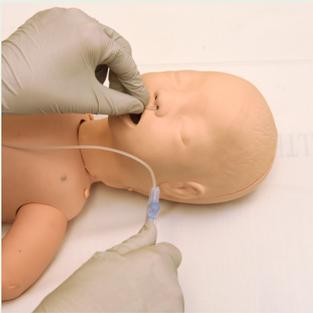
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Measure the depth of insertion from the nares to the tragus. If required, to loosen secretions, place some Sodium Chloride 0.9% drops in each nostril pre-suction if required.



6

Insert the suction catheter gently into the nasal passage to the predetermined length (do not apply suction during insertion). Do not force suction catheter. If resistance is felt, seek senior clinician advice.



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Occlude the suction port as the catheter is removed.

A suction attempt should only take 5-10 seconds.



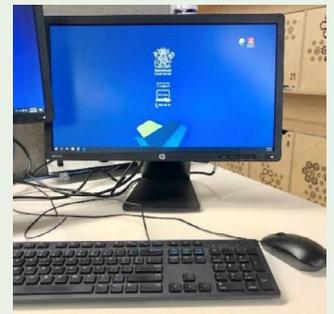
8

Repeat the procedure with a maximum of 2 attempts, allowing the infant / child time to recover between suctioning, a minimum of 20 -30 second intervals between suctioning.



9

Assess effectiveness and document the time of suctioning, the amount, colour and consistency of secretions.



## Tips

- A few drops of nasal saline dropped into the nares can be used for some infants and children to loosen sections.
- Sucrose may be used to reduced procedural discomfort. A medical order is required. Parental consent should also be sought. Please note at selected sites sucrose may be classified as a nurse-initiated medication. Check your local policy or procedure for more information.



## For further information:

[CHQ Nursing Standard: Suctioning - Oro-pharyngeal and Nasopharyngeal \(QH only\)](#)

[CHQ Procedure: Procedural Pain - Non-Pharmacological Management \(QH Only\)](#)

[Skill Sheet: Bronchiolitis](#)

[Skill Sheet: Sucrose 24%](#)

### Video:

[Suction - Optimus Pulse Mini Skill Station](#)

## References:

Children's Health Queensland Hospital and Health Service. (2016, June 6). Suctioning - Oro-pharyngeal and Nasopharyngeal. [https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0032/726539/ns\\_01409.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0032/726539/ns_01409.pdf)

Cairns and Hinterland Hospital and Health Service. (2020, February 25). Supporting Children during Basic Clinical Procedures (Including pre-procedural preparation and clinical holding). [https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0031/646627/pro-paed-clin-holding.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0031/646627/pro-paed-clin-holding.pdf)

Queensland Health State wide ED Nurse Educator Committee, Pearson, N., Cole, T., & Carney, S. (Eds.). (2016). Unit 5 Respiratory. In Queensland Health: Transition Support Program - Emergency. Module 3 - Paediatric Care in the Emergency Department (4th ed., pp. 63–64). State of Queensland (Queensland Health).

**This Queensland Paediatric Emergency Skill Sheet was developed and revised by the Emergency Care of Children working group Initial work was funded by the Queensland Emergency Department Strategic Advisory Panel.**

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- Supporting consumer rights and informed decision making in partnership with healthcare practitioners including the right to decline intervention or ongoing management.
- Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion. This includes the use of interpreter services where necessary.
- Ensuring informed consent is obtained prior to delivering care.
- Meeting all legislative requirements and professional standards.
- Applying standard precautions, and additional precautions as necessary, when delivering care.
- Documenting all care in accordance with mandatory and local requirements.

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