

Purpose

The purpose of this standard is to: define the standards of practice for home/community suctioning through a non-[artificial airway](#), and to outline nursing scope of practice for this intervention. This standard supports standards for a higher risk nursing intervention because of the care environment (home/community) it would be enacted in; response time and access to urgent and emergent resources need to be closely considered.

Scope

This guideline applies to all contracted nursing agency RNs and LPNs who are contracted through the NSS Program to provide respite care within the home/community setting.

Definitions

1. [Oral suctioning](#) is defined as suctioning in the area of the oral cavity up from the lips back to the area where there molars are (or would be).
2. [Nasal suctioning](#) is defined as suctioning the nasal cavity starting at the exterior nares (nostrils) and ending at the choanae (where the nasal passages narrow).
3. [Oropharyngeal suctioning](#) is defined as suctioning in the area posterior to the oral cavity starting from where the molars are (or would be) including the areas of the back third of the tongue, the uvula, the soft palate, the side and back walls of the throat, and the tonsils and ends at the hyoid bone.
4. [Nasopharyngeal suctioning](#) is defined as suctioning in the area posterior to the sinuses starting at the choanae and ending at the posterior portion of the soft palate where the oropharynx begins.
5. [Laryngopharyngeal suctioning](#) is defined as suctioning in the area inferior of the epiglottis that connects the throat to the esophagus.

Note: refer to [Appendix A: Definitions and Measurements](#) and [Appendix B: Diagrams](#) for additional information

Standard

NSS, as a provincial program, sets the expected practice standards and any limits of practice for all nurses providing care for NSS patients based upon evidenced-based practice and the specific and specialized needs of the population including the environment(s) in which the practice is enacted. As a result, a practice may be more limited by NSS than the British Columbia College of Nurses and Midwives (BCCNM) scope for RNs and LPNs. Refer to [Appendix C](#) for a summary of scope and practice limits for NSS.

Any RN or LPN providing suctioning care must be aware of the potential complications for the child and able to competently and appropriately respond.

When trying to assess or ameliorate a child's condition through suctioning, the principle of least (oral or nasal) to most invasive (NP or OP) suctioning is used. Moreover, other interventions such as supporting and encouraging effective coughing and/or with postural drainage should be considered a first line of intervention (as appropriate) before more invasive suctioning is used.

Oral and Nasal Suctioning

- Oral and nasal suctioning are entry level competencies of both RN and LPN practice and do not require an order.
- Oral suctioning is used to clear oral secretions.
- Oral suctioning should be carried out using a soft tip suction catheter inserted into the oral cavity.
- The tip of the catheter should never be inserted beyond the molars or where a child's molars would be in a child without molars (i.e. the catheter tip should not enter the oropharynx).

- Ideally, when orally suctioning, the nurse should be able to visualize the tip of the catheter and the secretions at all times.
- Nasal suctioning is used to clear secretions in the nares.
- Nasal suctioning should be carried out using a soft tip nasal-specific suction device inserted no further than the distal opening of the anterior nares.

Oropharyngeal (OP) Suctioning

- OP suctioning is an area of practice that carries significant risk and both RNs and LPNs must have an order.
- OP suctioning without an order is only to be carried out by RNs or LPNs in urgent or emergent situations where the child's airway is compromised and less invasive interventions have not been effective in clearing the airway.
- OP suctioning is used to clear secretions retained in the back of the throat that the child is unable to clear by effective coughing and/or with postural drainage.
- OP suctioning should be carried out using a flexible suction catheter of appropriate size inserted into through the child's mouth into the oropharyngeal area.
- The maximum suction depth for OP suctioning is measured as the distance from the corner of the child's mouth to the tip of the child's ear lobe.
- With ordered OP suctioning, the suction catheter must not be advanced any further than this measurement.

Nasopharyngeal (NP) Suctioning

- NP suctioning is an area of practice that carries significant risk and both RNs and LPNs must have an order.
- NP suctioning without an order¹ is only to be carried out by RNs in urgent or emergent situations where the child's airway is being compromised and less invasive interventions have not been effective in clearing the airway.
- LPNs may not provide NP suctioning without an order.
- LPNs (only) may not provide NP suctioning until they have completed additional education.
- NP suctioning is used to clear secretions from the NP area that is not able to clear and is not cleared through postural drainage.
- NP suctioning should be carried out using a flexible suction catheter of appropriate size inserted through the nares and into the nasopharyngeal area.
- The maximum catheter depth is measured as the distance from the tip of the child's nose to the child's ear lobe.
- With ordered NP suctioning, the suction catheter must not be advanced any further than this measurement.

Laryngopharyngeal Suctioning

- Laryngopharyngeal suctioning is an area of practice that carries significant risk and both RNs and LPNs and is not appropriate for the home/community environment.
- Laryngopharyngeal suctioning is used to clear secretions from beyond the back of the throat and the epiglottis into the esophageal area.

Beyond the Pharynx (Into Larynx) Suctioning

- This is an area of practice that carries significant risk and both RNs and LPNs and is not appropriate for the home/community environment.
- Laryngeal suctioning is used to clear secretions from the laryngopharynx and extends into the trachea.

¹ When acting without an order, nurses must meet their scope of practice standards for acting without an order.

Related Policies

- [Suctioning Artificial Airways](#) (endotracheal and tracheostomy tubes). BC Children's Hospital (2017). CC.09.17
- [Nasopharyngeal: Suctioning \(Pediatric\)](#) – CE Clinical Skills. Elsevier Clinical Skills. Missouri, USA: Author.

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The Respiratory System (February, 2018). *Nasopharynx*. Retrieved November 15, 2019, from <https://www.therespiratorysystem.com/glossary/nasopharynx/>

Appendices

- [Appendix A: Definitions and Measurements](#)
- [Appendix B: Diagrams](#)
- [Appendix C: RN/LPN Scope of Practice and NSS Practice Limits](#)

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
01-Oct-2020	C-05-15-60851 Nursing Support Services: Suctioning Through A Non-Artificial Airway: Home And Community Environments	Approved at: CW Best Practice Committee

DISCLAIMER

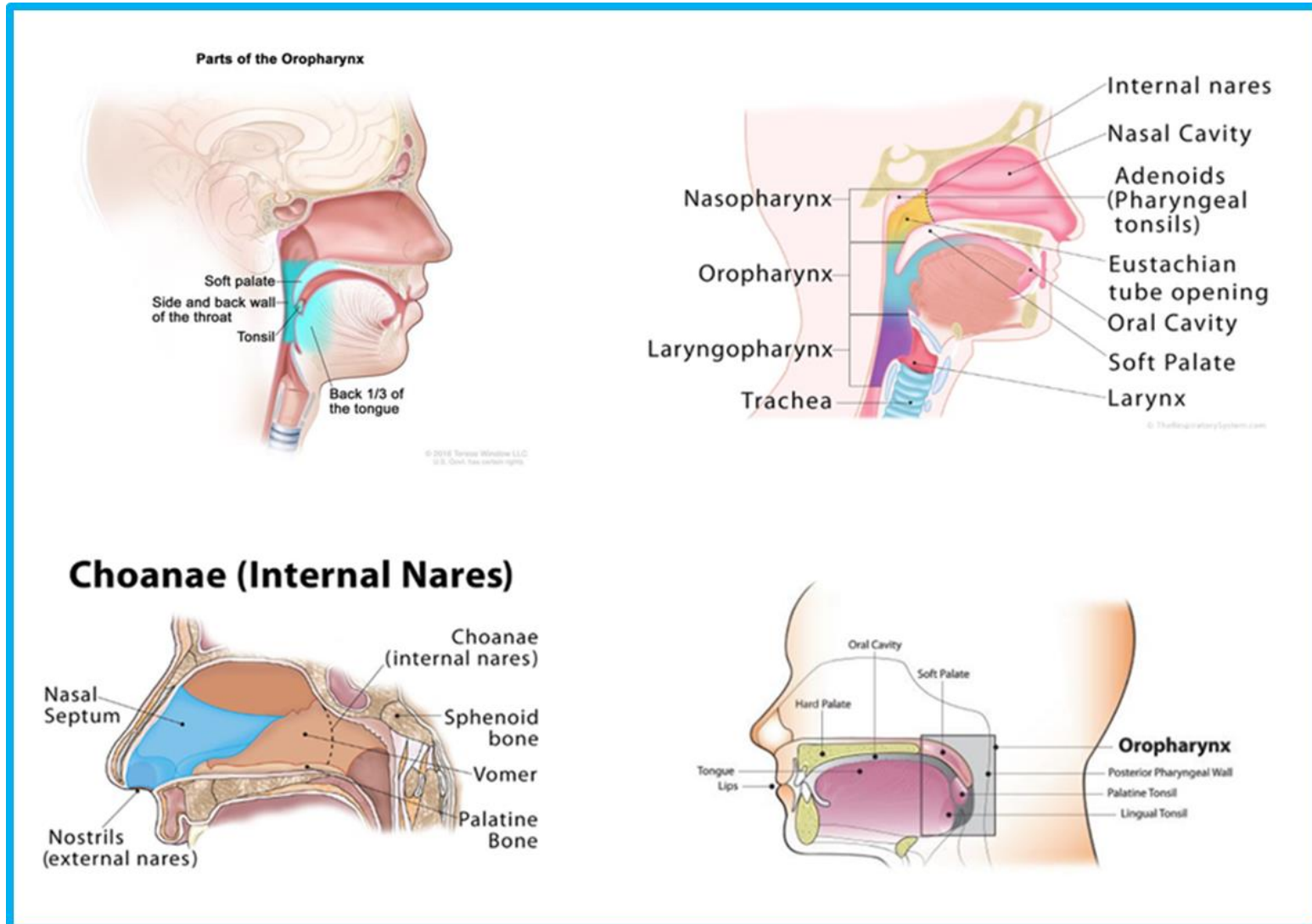
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Appendix A: Definitions and Measurements

	Oral	Nasal	Oropharyngeal	Nasopharyngeal	Laryngopharynx	Beyond the pharynx (into larynx)
How is this area defined	The area of the oral cavity up from the lips back to the area where there molars are (or would be)	The nasal cavity starting at the exterior nares (nostrils) and ending at the choanae (where the nasal passages narrow)	The area posterior to the oral cavity starting from where the molars are (or would be) including the areas of the back third of the tongue, the uvula, the soft palate, the side and back walls of the throat, and the tonsils and ends at the hyoid bone	The area posterior to the sinuses starting at the choanae and ending at the posterior portion of the soft palate where the oropharynx begins	The area inferior of the epiglottis that connects the throat to the esophagus	The area that starts at the laryngopharynx and extends into the trachea
How is this area measured/land marked	When suctioning in this area the nurse should use the visual landmark of the molars (or where the molars would be) and should be able to visualize the tip of the catheter during suctioning	No land marking needed as the suction device is designed to only seal around the external nares and not to enter into the nasal passages	Corner of mouth to ear lobe.	Tip of nose to the ear lobe.	N/A	N/A
What type of catheter used	Soft tipped oral suction catheter. Oral suckers for infants; Yankauer used mostly for older kids	Soft tip nasal suckers (suction device that fits just into the external nares)	Flexible suction catheter of appropriate size.	Flexible suction catheter of appropriate size.	N/A	N/A

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Appendix B: Diagrams



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Appendix C: RN/LPN Scope of Practice and NSS Practice Limits

	Oral	Nasal	Oropharyngeal	Nasopharyngeal	Laryngopharyngeal	Beyond the pharynx (into larynx)
Within RN Scope	Yes - no order needed	Yes - no order needed	Yes - no order needed	Yes - no order needed	Yes	Yes
Within LPN Scope	Yes – no order needed	Yes – no order needed	Yes – no order needed as long as the LPN meets the Standards for Acting Without an Order as per the Scope of Practice for LPN document	Yes (requires an order) and <u>only</u> with additional education may suction the nasal passages beyond the point where they normally narrow	No	No
Service provided by NSS Respite Care RNs and LPNs NSS specific limits & conditions	Yes – no order required	Yes – no order required	<ul style="list-style-type: none"> Requires an order Child's care plan has exact measurement (as above) documented 	<ul style="list-style-type: none"> Requires an order Child's care plan has exact measurement (as above) documented For LPN practice only, additional education and verification of skills is required 	No	No

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