

# Suctioning Your Child's Trach: Closed (In-line) Suction Catheter

## Why do we suction?

Mucus (secretions) builds up inside every tracheostomy tube. The purpose of suctioning is to keep the airway open so your child can breathe. You will need to remove the mucus your child is unable to clear by their own effort. The mucus must be coughed out or suctioned clear.

## How often do we suction?

Since the amount of secretions varies from person to person, how often you suction will vary. To keep the airway clear, your child's doctor has prescribed suctioning:

- Every 6 hours and as needed due to mucus
- When your child wakes in the morning and just before bed at night
- Every time you change the trach ties or the tube itself

## Signs that your child needs to be suctioned

There are several ways your child will show they need suctioning. These include:

- Increased work of breathing:
  - Retractions: the skin around the bones in chest pulls in at each breath (in the neck, below the trach, above the collar bones, under breast bone, between and under the ribs)
  - Flaring of the nostrils
  - Rapid or hard breathing
- Increased mucus in the chest:
  - Coughing, noisy or gurgling sounds when breathing
  - Rumbling or rattling felt in child's chest by caregiver's hand placement
- Fussy, distressed look, sweaty – clammy skin
- Pale or blue color or a drop in oxygen level (O2 sats)

## Supplies for suctioning

(See photos at left.)

- Suction machine and connective tubing
- Closed suction catheter of appropriate size
- Resuscitator bag connected to oxygen, for use if needed
- Normal saline packets
- Gloves and hand sanitizer



Suction machine



Suction catheter



Resuscitator bag



Saline packets



Gloves and hand sanitizer

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### Suctioning steps



**1** Wash hands or use hand sanitizer.



**2** Put gloves on.



**3** Turn on suction machine and check suction pressure.



**4** Pre-oxygenate your child by increasing the oxygen on the ventilator for about 30 seconds prior to suctioning.



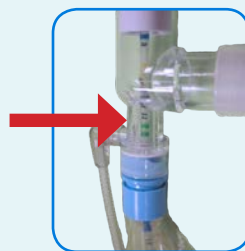
**5** Unlock thumb valve so it can be depressed to start suction.



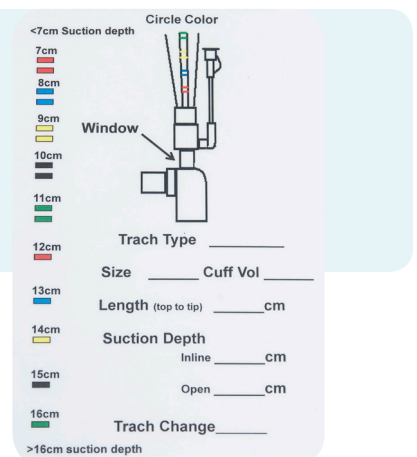
**6** Open normal saline packet and insert into saline port.



**7** With one hand, stabilize the trach tube, while using the other hand to advance the catheter to the predetermined suction depth.

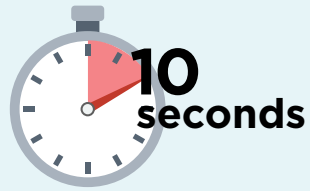


The depth will be seen in the observation window.



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Apply suction continuously by depressing thumb valve while slowly withdrawing the catheter.

Limit suctioning time to less than 10 seconds in the tube at a time.

### If secretions are thick and hard to suction



1

Put a few drops of normal saline into the trach tube using the saline port to help thin secretions.



2

Suction again.



3

Give your child a chance to catch their breath between every suctioning pass.

### Finishing steps



1

Rinse the closed suction catheter after suctioning by depressing the thumb valve at the same time you put saline drops into the saline port.



2

When done with suctioning: close thumb valve, remove saline packet and close the saline port



3

Return oxygen to the original setting.

**In-line suction catheters are dated and changed weekly.**

**Do not use in-line catheters to obtain tracheal aspirate (sample of secretions) for culture.**

### To Learn More

- Respiratory Care  
206-987-2258
- [www.seattlechildrens.org](http://www.seattlechildrens.org)

### Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

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Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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