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Policy Dates: 10/1/11

TITLE: The NO-BITE V-SUCTIONING ASSIST DEVICE (ORAL LARYGOPHARYNGEAL/ ORAL-TRACHEAL SUCTIONING)

PURPOSE: To maintain patency of airway and mobilize and remove airway secretions using sterile technique.

APPLICABILITY: Adult inpatient areas

POLICY STATEMENT:

1. The need and frequency for suctioning are determined by nursing assessment (e.g. coarse and/or adventitious breath sounds, coughing).
2. Suction canister and tubing must be changed every 24 hours and PRN.
3. **CLEANING PROTOCOL-** Flush roughly 100cc water down tunnel for suction catheter and roughly 500cc to rinse off outside of device after each suctioning treatment. The rinsing should be followed by drying with paper towel and then placed back in No-Bite V Tray. The No-Bite V can be used for 3 days on a single patient with cleaning protocol, use a patient sticker on tray that states due date for change. If noticeable debris still on device after cleaning protocol, discard and use new device.
4. For any patient requiring suctioning, an ambu-bag/Bag-valve-mask with reservoir and oxygen source must be available at the bedside.
5. Verify adequate suction source by pinching connecting tubing and checking that pressure on gauge does not exceed 120 mmHg.
6. Utilize pulse oximetry as warranted per nurse evaluation.
7. A suction pass must not exceed 5 seconds to prevent suction-induced hypoxia.
8. Monitor the patient carefully during the procedure for suction-induced hypoxia (e.g. decreased O₂ saturation, cyanosis, and arrhythmia). If hypoxia occurs, discontinue suctioning and hyperoxygenate patient. Notify physician/NP/PA if respiratory distress persists.
9. **FOR PATIENTS WITH A SUSPECTED AIRWAY OBSTRUCTION, NOTIFY physician/NP/PA IMMEDIATELY.**
10. Use caution when suctioning patients with coagulopathies or patients receiving anticoagulant therapy. A red rubber suction catheter may be preferable for these patients and/or patients who require frequent suctioning.

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SUPPORTIVE DATA:

1. This procedure includes: Oral Laryngopharyngeal/ Oral-Tracheal Suctioning with The No-Bite V.

EQUIPMENT:

The No-Bite V:

Suction Catheter Kit:

- 1 suction catheter (appropriate size suction catheter; no larger than 16 French)
- 1 solution cup
- 1 pair of sterile gloves
- Clean gloves for inline closed suctioning
- Normal saline solution

Suction Set-up:

- Continuous suction source, gauge, canister, and connecting tubing

Oxygen source/administration equipment:

- Ambu-bag/bag valve mask with mask and reservoir fully extended
- Yankauer Suction catheter (is sometimes needed for oral suctioning)
- Clear protective goggles or face shield, if indicated

Sterile water soluble lubricant if preferred

For Patients at risk for bleeding or who require frequent suctioning:

- Red Rubber Catheter (appropriate size; no larger than 16 French)
- 2 Sterile gloves
- 1 Sterile solution cup
- 1 Y-connector

A. ORAL LARYGOPHARYNGEAL/ ORAL-TRACHEAL SUCTIONING PROCEDURE WITH THE NO-BITE V:

1. Remove pillow and tilt head back to facilitate opening of the airway. *Always check with physician first to make sure removing pillow & tilting head back is not contraindicated.*
2. Perform hand hygiene
3. Open No-Bite V & suction catheter kit, or assemble equipment, maintaining sterility.

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4. Put on sterile gloves (one hand must remain sterile throughout procedure to advance catheter).
5. Attach catheter to suction connecting tubing, maintaining sterility.
6. Remove catheter from wrapping using sterile technique.
7. Pre-oxygenate patient by requesting patient to take several deep breaths on prescribed oxygen. If necessary, hyperoxygenate with 100% O₂; use manual resuscitation bag if patient requires assisted ventilation.
8. Lubricate catheter tip if preferred with water-soluble lubricant.
- 9A. **Cooperative Patient**- Use a 1 Caregiver Approach to (Oral Laryngopharyngeal/ Oral-Tracheal Suctioning) with No-Bite V. (dominant hand on No-Bite V, the other hand on suction catheter)
- 9B. **Uncooperative Patient**-Use a 2 Caregiver Approach to (Oral Laryngopharyngeal/ Oral-Tracheal Suctioning) with No-Bite V. Refer to "Tips & Technique" video on company website: www.NJRMedical.com (Caregiver #1 is the No-Bite Holder and Caregiver #2 is the Suction Catheter Advancer)
(Caregiver #1 / No-Bite Holder)
 - a. Preload suction catheter until you can see tip of catheter barely protrude the tip of device. Hold preloaded No-Bite V like a dart or pen, with dominate hand's index finger holding suction catheter against The No-Bite V, so it cannot slide out.
 - b. With Non-Dominant Hand, place your thumb on patient's chin, in anticipation of patient attempting to close mouth or move. *Always check with physician first, if placing gentle pressure on patients chin to keep mouth open is contraindicated.*
 - c. Insert No-Bite V into mouth to posterior tongue and depress tongue to facilitate opening of airway.**(Caregiver #2 / Suction Catheter Advancer)**
 - a. Insert suction catheter through the No-Bite V with the suction port uncovered.
 - b. Encourage the patient to take slow deep breaths as you continue to advance the catheter into the trachea.

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10. Never force the catheter.
11. Direct the patient to cough while advancing the catheter. This strategy may help direct the catheter into the trachea.
12. Apply intermittent suction with thumb of clean hand by quickly opening and closing the suction port while rotating the catheter with the fingers of your sterile hand, as you withdraw the catheter.
13. Rinse catheter with normal saline.
14. Provide adequate time for ventilation and re-oxygenation (step 7 in FIRST section) before repeating steps 8 – 12 In FIRST section.
15. When suctioning is completed, verify that patient is receiving prescribed O2.
16. Clear connecting tubing with normal saline solution.
17. Dispose of used catheter and normal saline after use.
Clean The No-Bite V with Rinsing Protocol, dry off and place back into tray that it comes in.
18. Remove gloves and perform hand hygiene

The No-Bite V Oral Laryngopharyngeal /Oral-Tracheal Suctioning Approach may be **INDICATED** because Nasotracheal suctioning may be **CONTRAINDICATED** in patients with facial or head trauma, deviated septum, coagulopathy, anticoagulant therapy, transphenoidal resections, ENT/Neurological/Neurosurgical conditions and other disorders.

The No-Bite V Oral Laryngopharyngeal /Oral-Tracheal Suctioning Approach is **CONTRAINDICATED** in patients with moderate to severe dental/gum disease, or recent surgery or trauma to dental, oral, maxillofacial, tracheal and/or laryngopharangeal areas.

Do not advance or remove The No-Bite V while patient is biting down. Wait for the patient to relax jaw and continue.

Do not use before consulting with physician.

The No-Bite V has been evaluated in an adult population and not intended for use with pediatric patients.

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DOCUMENTATION: The frequency of suctioning, method used, description of aspirate and patient's response must be documented.

REFERENCE(S):

American Association for Respiratory Care. (2010) AARC Clinical Practice Guidelines. Endotracheal suctioning of mechanically ventilated patients with artificial airways ;55(6):758-64.

Lewis, S., Heitkemper, M., Dirksen, S., O'Brien, P., & Bucher, L. (2010). Medical-surgical nursing. Medical-Surgical Nursing: Assessment and Management of Clinical Problems 8th ed. St. Louis: Mosby Elsevier.

RESPONSIBILITY: ICU Nursing

KEY WORDS: Suctioning, Oral-Tracheal, Nasotracheal, Tracheal,