### Nasotracheal Suctioning

**Setting:**  [ ] Lab  [ ] Clinical

**Conditions (describe):**

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**Equipment Used**

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**Equipment and Patient Preparation**

1. Verifies, interprets, and evaluates physician’s order or protocol
2. Selects, gathers, and assembles the necessary equipment
3. Washes hands and applies standard precautions and transmission-based isolation procedures as appropriate
4. Identifies patient, introduces self and department
5. Explains purpose of the procedure and confirms patient understanding

**Assessment and Implementation**

6. Assesses patient and patient airway; determines preferred naris
7. Hyperoxygenates and hyperinflates patient for at least 30 sec
8. Adjusts suction to appropriate level; lubricates nasopharyngeal airway with water-soluble lubricant
9. Removes pillow and positions patient’s head
10. Puts on sterile gloves and maintains sterile technique throughout procedures
11. Pours sterile water into a sterile container
12. Lubricates catheter with water-soluble lubricant
13. Attaches catheter to suction source
14. Reassures patient; removes oxygen source and places aseptically
15. Inserts, catheter into airway
16. Passes catheter into the oropharynx and into trachea; confirms positioning
17. Advances catheter until resistance is met (without suction applied)
18. Applies suction and rotates/withdraws catheter for a maximum of 10 to 15 sec
19. Frequently assesses patient for oxygenation status, including pulse oximetry
20. Hyperoxygenates and hyperinflates patient for at least 1 min
21. Rinses catheter with sterile solution and repeats if necessary
22. Reassesses patient and repeats if necessary

**Follow-up**

23. Restores patient to prior status
24. Maintains/processes equipment and supplies
25. Records pertinent data in chart and departmental records
26. Notifies appropriate personnel, makes recommendations or modifications to the patient care plan

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**Signature of Evaluator**

**Signature of Student**
**PERFORMANCE RATING SCALE**

5 EXCELLENT – FAR EXCEEDS EXPECTED LEVEL, FLAWLESS PERFORMANCE  
4 ABOVE AVERAGE – NO PROMPTING REQUIRED, ABLE TO SELF-Correct  
3 AVERAGE – THE MINIMUM COMPETENCY LEVEL, NO CRITICAL ERRORS  
2 IMPROVEMENT NEEDED – PROBLEM AREAS EXIST; CRITICAL ERRORS, CORRECTIONS NEEDED  
1 POOR AND UNACCEPTABLE PERFORMANCE – GROSS INACCURACIES, POTENTIALLY HARMFUL

<table>
<thead>
<tr>
<th>PERFORMANCE CRITERIA</th>
<th>SCALE</th>
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<tbody>
<tr>
<td>1. Displays Knowledge of Essential Concepts</td>
<td>5 4 3 2 1</td>
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<td>2. Demonstrates the Relationship Between Theory and Clinical Practice</td>
<td>5 4 3 2 1</td>
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<td>3. Follows Directions, Exhibits Sound Judgement, and Demonstrates Attention to Safety and Detail</td>
<td>5 4 3 2 1</td>
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<td>4. Exhibits the Required Manual Dexterity</td>
<td>5 4 3 2 1</td>
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<td>5. Performs Procedure in a Reasonable Time Frame</td>
<td>5 4 3 2 1</td>
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<td>6. Maintains Sterile or Aseptic Technique</td>
<td>5 4 3 2 1</td>
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<td>7. Initiates Unambiguous Goal-Directed Communication</td>
<td>5 4 3 2 1</td>
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<tr>
<td>8. Provides for Adequate Care and Maintenance of Equipment and Supplies</td>
<td>5 4 3 2 1</td>
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<tr>
<td>9. Exhibits Courteous and Pleasant Demeanor</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>10. Maintains Concise and Accurate Records</td>
<td>5 4 3 2 1</td>
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**ADDITIONAL COMMENTS:** INCLUDE ERRORS OF OMISSION OR COMMISSION, COMMUNICATIVE SKILLS, AND EFFECTIVENESS OF PATIENT INTERACTION:

**SUMMARY PERFORMANCE EVALUATION AND RECOMMENDATIONS**

SATISFACTORY PERFORMANCE – Performed without error or prompting, or able to self-correct, no critical errors.

Laboratory Evaluation. Skills may be applied/observed in the clinical setting.

Clinical Evaluation. Student ready for minimally supervised application and refinement.

UNSATISFACTORY PERFORMANCE – Prompting required; performed with critical errors, potentially harmful.

Student requires additional laboratory practice.

Student requires additional supervised clinical practice.

**SIGNATURES**

Student: ___________________________  
Evaluator: ___________________________

Date: ___________________________  
Date: ___________________________