

## Frequently asked questions (FAQs)

### 1. What are indications for suctioning of a non intubated neonate?

- Presence of oral and/or nasal secretions with the infant unable to clear them on its own.
- Prior to bag and mask ventilation in meconium stained liquor.
- Presence of milk in airways.
- After chest physiotherapy

### 2. What are important points one need to keep in mind while undertaking suctioning?

- Avoid suctioning for 30 minutes to 1 hour after feeding unless it is necessary to establish patent airways.
- Suction only when necessary. Routine suctioning increases risk of stimulation of vaso-vagal response which can lead to bradycardia and apnea.
- Do not exceed suction pressure of 100 mm of Hg (130 cm of water)
- Oxygen source and bag and mask should be available at bedside.
- Change the wall suction bottle and tubing every day to minimize colonization with pathogenic organisms

### 3. How much maximum suctioning pressure one can use in a neonate?

Not more than 100 mm of Hg which equals 130 cm of water

### 4. Outline the procedure of suctioning

	PROCEDURE	RATIONALE
1	Wash hands and wear gloves.	
2	Attach appropriate size catheter to suction tubing and insert catheter into sterile water	
3	Occlude catheter completely and set 100 mm of Hg (130 cm of water/ 13kPa)	Prevents trauma to the mucosa pressure on suction caused by excessive pressure. Minimizes risk of hypoxemia and atelectasis
4	Estimate length of the catheter to be inserted by measuring from the tip of nose to the tip of the ear lobe( usually 3cm for nasal & 4-5cm for oral suction )	Prevents catheter from reaching beyond oropharynx and stimulating the vaso vagal reflex.
5	Gently insert catheter to the measured distance from the mouth	Mouth suctioned prior to nares to decrease risk of gasping aspiration
6	Insert suction catheter gently upwards and back into the nares. If the catheter is difficult to pass, try with a smaller	This conforms to the direction of nares. It is not necessary to pass a catheter completely through the nares to clear secretions. (This may

	catheter.	cause trauma). Applying suction to the external nares is often sufficient.
7	Apply suction only upon withdrawal of catheter. Limit attempts to 3-5 seconds or less.	Minimizes trauma to tissues and decreases risk of hypoxia.
8	Rinse catheter in sterile water/ normal saline while applying suction and between suction attempts.	Prevents occlusion of catheter
9	Gently insert catheter into one nares and apply suction.	Forcing the catheter leads to trauma
10	After suctioning, reposition the infant	
11	Rinse the suction tubing in 1% sodium hypochlorite solution	For immediate disinfection of suction tubing
12	Discard catheter after single use in blue bag ( after cutting the catheter)	

**5. Is suction machine useful in any other condition other than suctioning?**

In an infant with pneumothorax continuous low negative pressure of 10 to 20 cm water can be provided by connecting the suction tube to the one end of the underwater seal drain to which chest tube is connected . This allows rapid re-expansion of the lungs and to facilitate drainage of air. The same can be done in pneumo -pericardium with a low pressure of 5 to 10 cm water.

**6. How will you differentiate suction catheter from orogastric tube?**

Orogastric tube	Suction catheter
Radio opaque	Not radio opaque
Closed end with two opening on the side	Open end with one opening on the side
It has a knob for attachment to the syringe	It has a knob for applying suction pressure with thumb

**7. How will you sterilize the suction bottle and tubings?**

Put the suction bottle and tubing in cidex for 4-6hours for sterilization .Wash thoroughly with distilled water. Rinse and dry.