Salisbury NHS
NHS Foundation Trust

Competency 3: Performing tracheal suctioning

Trainee

Name: ----------

Title: ----------

Ward or department: ----------

Clinical assessor

Name: ----------

Title: ----------

Method of assessment: ----------

Supervision Record

Please detail your clinical supervision activity.

Date	Activity	Suggested learning activities	Clinical assessors signature

Skill criteria		**Knowledge criteria**	
No errors observed	5	Evaluation: *articulates response, what, when how and why*	5
Occasional errors, corrected by trainee	4	Synthesis: articulates the *connections between the parts*	4
Frequent errors, corrected by trainee	3	Analysis: *able to examine how parts relate to the whole*	3
Frequent errors, not corrected by trainee	2	Application: *can relate facts to another situation*	2
Trainee unable to proceed without instruction/prompting	1	Knowledge and understanding: *provides examples and distinguishes differences between examples*	1

K= knowledge (minimum level indicated in box *) S= skill (minimum level 4)

Observable criteria	**Minimum level**	**Tick level of achievement**					**Assessment Outcome**		**Assessors Signature and Date**
	*** State required level i.e. S4, K5**	**1**	**2**	**3**	**4**	**5**	**Pass ✓**	**Fail ✓**	
1. Discuss the clinical indications for tracheal suctioning	K4								
2. Set up the essential bedside equipment	S5								
3. Set up the equipment for suctioning	S5								
4. Prepare the patient	S4								
5. Identify the correct suction catheter size	S5								

Observable criteria	Minimum level	Tick level of achievement					Assessment Outcome		Assessors Signature and Date
	* State required level i.e. S4, K5	1	2	3	4	5	Pass ✓	Fail ✓	
6. Set the correct suction pressure	S5								
7. Demonstrate a safe and effective suctioning technique	S5								
8. Identify 6 complications that may associated with tracheal suctioning	K4								
9. For each complication discuss methods of prevention	K4								
10. Discuss the ***specific*** infection control measures related to this procedure	K5								

Competency Statement

Practitioner's signature and date:

I am competent in this procedure at this time and understand the standard statement, action and outcome. Having received appropriate training, I accept full responsibility for the maintenance my own competence and have discussed this role as part of my job description with the person to whom I am managerially accountable.

Signature: Date:

Printed name: Date:

Clinical Assessor's signature and date:

I confirm that the above practitioner has achieved the required competency level and is now able to work autonomously in an unsupervised capacity.

Signature: Date:

Printed name: Date:

Job role:

Please place one copy of this record in your professional portfolio and give a second copy to your line manager

Assessors Guidelines

Assessment Criteria	Required knowledge and/or skill
1. Discuss the clinical indications for tracheal suctioning	The patient should be assessed hourly and suctioning should be performed if: – The patient is coughing and not able to expectorate – If there are changes in the patient's skin colour, respiratory rate, pattern of breathing or saturation levels – Audible or palpable secretions – If patient requests suction – If there are signs of increased anxiety – The patient should be suctioned at least every 4 hours to ensure that the tube is patent
2. Sets up the essential bedside equipment	– Spare sterile tracheostomy tube – same type, size and 1 size smaller – Sterile tracheal dilators – Sterile gloves – 10 ml syringe for cuffed tube – Cuff pressure monitor – Lubricating gel – System for suctioning – Humidification system – Oxygen should be available
3. Sets up the equipment for suctioning	– Oxygen saturation monitor – Disposable apron, gloves and mask with eye protection. – Single sterile gloves – Suction catheters – Yellow bag – Jug or bowl – Sterile water to flush suction tubing after procedure

Assessment Criteria	Required knowledge and/or skill
4. Prepares the patient	– Verbal explanation of procedure – Gain consent where appropriate – Provides reassurance – Positions patient to facilitate easy passage of suction catheter i.e. sit upright, head in a neutral or slightly extended position
5. Identifies the correct suction catheter size	– Smallest acceptable catheter to reduce mucosal trauma – No more than half the internal diameter of the inner tube
6. Sets the correct suction pressure	– Up to 150 mmHg or 20 kPa - pressure must be measured with a finger over the end of the suction catheter before commencing the procedure
7. Demonstrates safe and effective suctioning technique	– Wash hands and put on a disposable apron and clean gloves – Turn on the suction unit and check the pressure by placing a finger over the end of the tubing – Choose the correct size suction catheter – Uses a non-touch technique to attach catheter to suction tubing – Put on the sterile glove and withdraws catheter from pack touching only the sterile catheter with your gloved hand – Introduce catheter into the tracheostomy tube without suction pressure to approximately one third of its length or until the patient coughs – Withdraw slightly then apply suction withdraw slowly no more than 10-15 seconds – Observe patient throughout the procedure – Note the colour, amount and consistency of secretions – Assess the effectiveness of suctioning to determine if more suctioning is required. – If no more suctioning is required clean tubing by suctioning up water in jug. – If more suctioning is required use another sterile glove and suction catheter. – Documents procedure and outcome

Assessment Criteria	Required knowledge and/or skill	
8. Identify 6 complications that may associated with tracheal suctioning	**Immediate complications** – Infection – Trauma – Atelectasis – Hypoxia – Paroxysmal coughing and bronchospasm – Cardiac dysrhythmias caused by vagal stimulation	**Long term complications** – Granulation tissue – Tracheo-oesophageal fistula – Mucosal ulceration
9. For each complication identify methods of prevention	**Immediate complications** **Infection –** sterile suction procedure and regular stoma site inspection using an aseptic technique **Trauma –** correct suction pressure, catheter size. Correct technique. Pass suction catheter without suction 15cms or until patient coughs then suction as you remove the catheter. **Atelectasis –** correct catheter size, suction pressure and technique **Hypoxia –** correct technique, no longer than 15 seconds and give oxygen or increase oxygen prior to suctioning. **Paroxysmal coughing and bronchospasm –** gentle technique, use of bronchodilators **Vagal stimulation –** give oxygen or increase oxygen prior to suctioning. Spinal patients - do not pass the catheter more than 2 cm beyond the end of the tube	**Long term complications** – Non traumatic suction technique using the correct equipment – Cuff pressure measurements

Assessment Criteria	Required knowledge and/or skill
10. Discuss the ***specific*** infection control measures related to this procedure	– Face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes i.e. during suctioning, dressing and tape change – Discard brush after each use – Disposes of brush in yellow bag – Disposes of the water down the sluice or toilet if in sideward – Rinses and dries the jug – Change jug every 24 hours and label