



Competency Checklist

Date:	
Employee Name:	
Preceptor/Evaluator's Name	
Competency:	Suctioning the Nasopharyngeal and Oropharyngeal Airways

INDICATORS OF PERFORMANCE LEVEL SUMMARY

How Met		Level of Competency	
O	Direct Observation/Return Demonstration	1	Below expected standards
V	Verbalization/Discussion	2	Fully meets standards
T	Test	3	Well above standards. May precept peers
NA	Not applicable		

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:	How Met	Level of Competency 1 2 3	Evaluated by:
Goal: The patient exhibits improved breath sounds and a clear, patent airway.			
1. Bring necessary equipment to the bedside stand or overbed table.			
2. Perform hand hygiene and put on PPE, if indicated.			
3. Identify the patient			
4. Close curtains around bed and close door to room if possible.			
5. Determine the need for suctioning. Verify the suction order in the patient's chart, if necessary. For postoperative patient, administer pain medication before suctioning.			
6. Explain what you are going to do and the reason for suctioning to the patient, even if the patient does not appear to be alert. Reassure patient you will interrupt procedure if he or she indicates respiratory difficulty.			
7. Adjust bed to comfortable working height, usually elbow height of the caregiver. Lower side rail closest to you. If patient is conscious, place him or her in a semi-Fowler's position. If patient is unconscious, place him or her in the lateral position, facing you. Move the bed table close to your work area and raise to waist height.			
8. Place towel or waterproof pad across the patient's chest.			
9. Adjust suction to appropriate pressure.			
a. For a wall unit for an adult: 100–120 mm Hg (Roman, 2005); neonates: 60–80 mm Hg; infants: 80–100 mm Hg; children: 80–100 mm Hg; adolescents: 80–120 mm Hg (Ireton, 2007).			
b. For a portable unit for an adult: 10–15 cm Hg; neonates: 6–8 cm Hg; infants: 8–10 cm Hg; children: 8–10 cm Hg; adolescents: 8–10 cm Hg.			
c. Put on a disposable, clean glove and occlude the end of the connecting tubing to check suction pressure. Place the connecting tubing in a			

convenient location.			
10. Open sterile suction package using aseptic technique. The open wrapper or container becomes a sterile field to hold other supplies. Carefully remove the sterile container, touching only the outside surface. Set it up on the work surface and pour sterile saline into it.			
11. Place a small amount of water-soluble lubricant on the sterile field, taking care to avoid touching the sterile field with the lubricant package.			
12. Increase the patient's supplemental oxygen level or apply supplemental oxygen per facility policy or primary care provider order.			
13. Put on face shield or goggles and mask. Put on sterile gloves. The dominant hand will manipulate the catheter and must remain sterile. The nondominant hand is considered clean rather than sterile and will control the suction valve (Y port) on the catheter.			
14. With dominant gloved hand, pick up sterile catheter. Pick up the connecting tubing with the nondominant hand and connect the tubing and suction catheter.			
15. Moisten the catheter by dipping it into the container of sterile saline. Occlude Y-tube to check suction.			
16. Encourage the patient to take several deep breaths.			
17. Apply lubricant to the first 2" to 3" of the catheter, using the lubricant that was placed on the sterile field.			
18. Remove the oxygen delivery device, if appropriate. Do not apply suction as the catheter is inserted. Hold the catheter between your thumb and forefinger.			
19. Insert the catheter:			
a. For nasopharyngeal suctioning, gently insert catheter through the naris and along the floor of the nostril toward the trachea. Roll the catheter between your fingers to help advance it. Advance the catheter approximately 5" to 6" to reach the pharynx.			
b. For oropharyngeal suctioning, insert catheter through the mouth, along the side of the mouth toward the trachea. Advance the catheter 3" to 4" to reach the pharynx.			
20. Apply suction by intermittently occluding the Y port on the catheter with the thumb of your nondominant hand and gently rotate the catheter as it is being withdrawn. Do not suction for more than 10 to 15 seconds at a time.			
21. Replace the oxygen-delivery device using your nondominant hand, if appropriate, and have the patient take several deep breaths.			
22. Flush catheter with saline. Assess effectiveness of suctioning and repeat as needed and according to patient's tolerance. Wrap the suction catheter around your dominant hand between attempts.			
23. Allow at least a 30-second to 1-minute interval if additional suctioning is needed. No more than three suction passes should be made per suctioning episode. Alternate the nares, unless contraindicated, if repeated suctioning is required. Do not force catheter through the nares. Encourage patient to cough and deep breathe between suctioning. Suction the oropharynx after suctioning the nasopharynx.			
24. When suctioning is completed, remove gloves from dominant hand over the coiled catheter, pulling it off inside out. Remove glove from nondominant hand and dispose of gloves, catheter, and container with solution in the appropriate receptacle. Assist patient to a comfortable position. Raise bed rail and place bed in the lowest position.			
25. Turn off suction. Remove supplemental oxygen placed for suctioning, if appropriate. Remove face shield or goggles and mask. Perform hand hygiene.			
26. Offer oral hygiene after suctioning.			
27. Reassess patient's respiratory status, including respiratory rate, effort, oxygen saturation, and lung sounds.			

28. Remove additional PPE, if used. Perform hand hygiene.			
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- Employee is competent to perform the above tasks independently and without supervision
- Employee's level of competence is below 2. Reassess competency on: _____

Employee's Signature	
Evaluator's Signature	