

Southern Illinois Regional EMS System

II-20 DEEP TRACHEAL SUCTIONING OF THE NEONATE

1. Policy:
 - 1.1. To establish guidelines for the performance by prehospital personnel of deep tracheal suctioning of the intubated patient.
2. Equipment:
 - 2.1. Disposable gloves, sterile gloves, and full face protection.
 - 2.2. Oxygen.
 - 2.3. Sterile water or sterile saline.
 - 2.4. Bag valve mask.
 - 2.5. Suction catheters of various sizes:
 - 2.5.1. Sizes 6, 8, 10.
 - 2.6. Properly operating suction unit.
 - 2.7. Laryngoscope handle with infant blades.
 - 2.8. Newborn ET tubes.
 - 2.9. Several 4X4 gauze.
3. Procedure:
 - 3.1. Put on gloves and full face protection.
 - 3.2. Assemble all necessary equipment.
 - 3.3. Monitor patient for necessity for Deep Tracheal Suctioning:
 - 3.3.1. Meconium staining of the amniotic fluid is present on the infants face, in the nose or pharynx.
 - 3.3.2. Meconium may present as a green discoloration or particulate matter.
 - 3.3.3. To prevent meconium aspiration:
 - 3.3.3.1. Infants require thorough hypo pharyngeal suctioning before initiation of respiration.
 - 3.3.3.2. Thus, ideally, management begins during the delivery of the infant.
 - 3.4. After the head has been delivered, but before the thorax is delivered:
 - 3.4.1. The mouth and nose should be cleared of the meconium fluid.
 - 3.4.2. Using a bulb syringe, gently suction both nostrils of the nose and pharynx to remove any blood or amniotic fluid.
 - 3.4.3. A piece of gauze wrapped around the index finger may be used to collect tenacious collections of meconium from the mouth, pharynx and nose.
 - 3.5. If particulate and/or significant thick meconium were present in the nose and/or mouth, visualize the vocal cords:
 - 3.5.1. If particulate matter and/or thick meconium are present on vocal cords or trachea:
 - 3.5.1.1. Suction the trachea.
 - 3.5.2. If no particulate or meconium is present on the vocal cords or the trachea and the infant is crying:
 - 3.5.2.1. Without signs of respiratory distress:
 - 3.5.2.1.1. Do not suction the trachea.
 - 3.6. Assist ventilations and administer oxygen.

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4. Documentation:
 - 4.1. All documentation required for any delivery.
 - 4.2. Indications for direct tracheal visualization and suctioning.
 - 4.3. Any noted difficulties with procedure.
 - 4.4. Any change in the patient's condition.
 - 4.5. Airway management following procedure.
 - 4.6. PPE and equipment used.