How to Do Oropharyngeal Suctioning: Patient Care Procedure

Oropharyngeal suctioning is a bedside nursing procedure used to clear the mouth and pharynx of secretions, gastric contents, or vomitus that a patient cannot clear independently. This document explains how to do oropharyngeal suctioning safely, from initial assessment through documentation, so that nursing staff can perform the procedure consistently and protect the patient's airway.

Purpose & scope

This procedure applies to patients who show signs of upper airway secretion buildup and require oropharyngeal suctioning to maintain a clear airway. It is performed at the bedside using a Yankauer catheter and a wall or portable suction unit. The procedure applies to patients in a hospital bed setting, including those who are alert and cooperative as well as patients with a diminished level of consciousness who require additional positioning precautions.

Patient assessment

Before suctioning, assess the patient for signs indicating that oropharyngeal suctioning is needed:

Sign to Assess	Description
Restlessness	Patient appears agitated or unsettled
Gurgling sounds	Audible airway noise indicating secretions
Drooling	Excess saliva the patient cannot manage
Ineffective coughing	Patient is unable to clear secretions by coughing
Gastric secretions or vomitus	Visible contents present in the mouth

After suctioning, reassess the patient by:

- Asking the patient if they feel like they are breathing better
- Observing and assessing the patient's respiratory status
- Monitoring oxygen saturation and overall comfort
- Repeating the suction procedure if difficulty breathing or secretions persist

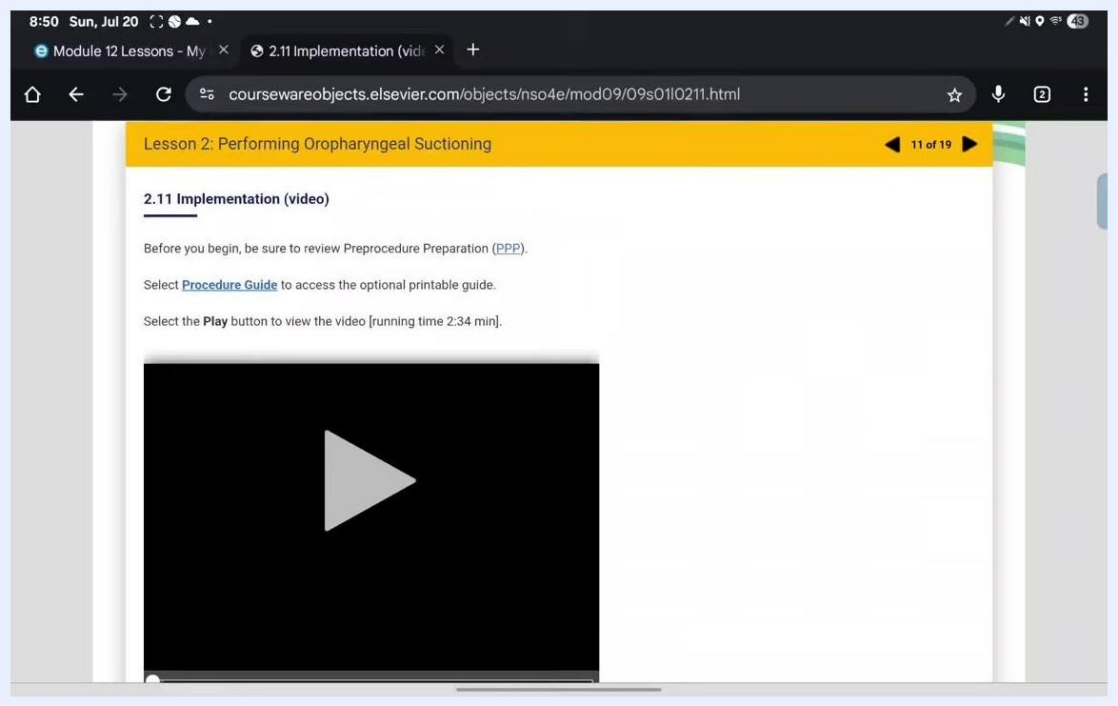
The source material does not specify a formal vital sign monitoring frequency, pain assessment tool, or neurovascular check protocol; facilities should reference their own standing orders for these parameters when performing this procedure.

Care protocol

Follow these steps to perform oropharyngeal suctioning:

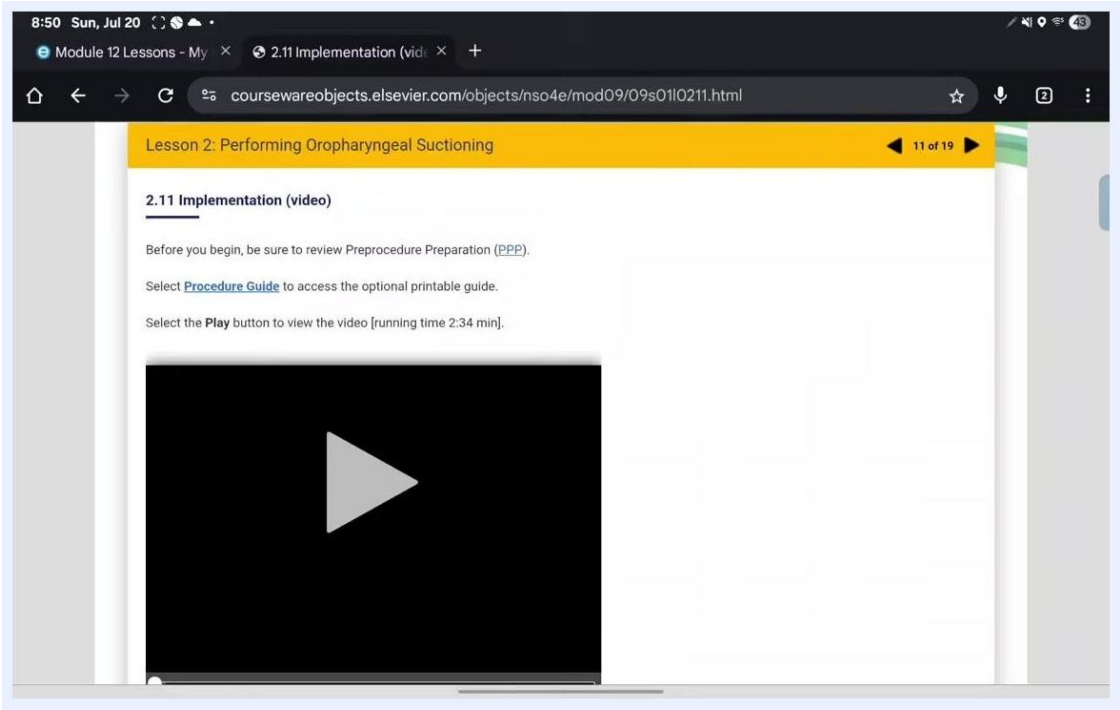
Step 1: Position the patient

Help the patient into a semi-Fowler's or sitting position to promote airway clearance and comfort.



Nurse in blue scrubs preparing equipment at the bedside while a patient in a hospital gown rests in bed with the head elevated in a semi-Fowler's position. Medical supplies are visible on the bedside table.

Step 2: Drape and prepare for infection control
Drape the patient's neck and chest with a protective barrier to prevent soiling. Put on gloves. If splashing is likely, also wear a mask, gown, and face shield.



Patient in bed with a drape over the chest and neck, wearing a nasal cannula.

Step 3: Prepare equipment

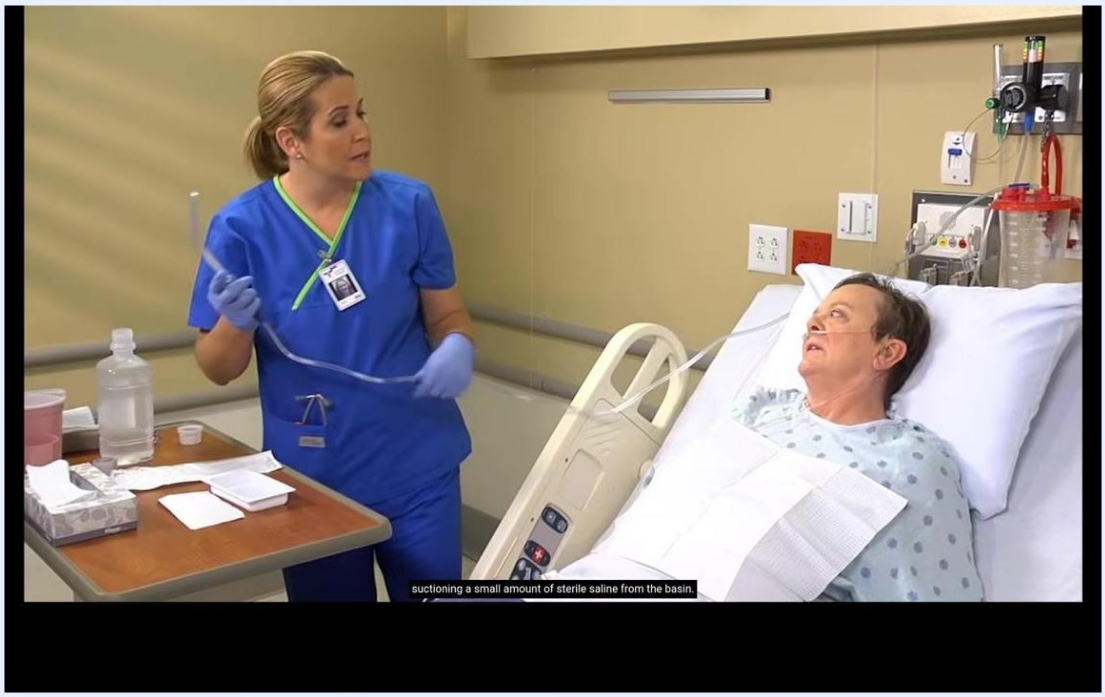
Fill a cup or basin with approximately 100 milliliters of sterile water or sterile saline. Gather all necessary supplies, including gloves, a Yankauer suction catheter, and suction tubing. Place all supplies within easy reach on the bedside table.

Nurse putting on gloves at the bedside table, which holds a bottle of sterile water, tissues, and other supplies while the patient remains draped and ready.

Step 4: Set up the suction system
Connect one end of the suction tubing to the suction machine and turn it on.
Connect the other end of the tubing to the Yankauer catheter.

Nurse connecting suction tubing to the suction machine while the patient rests in bed.

Step 5: Verify suction function
Test the suction mechanism by suctioning a small amount of sterile saline or water from the basin to ensure the system is working properly before proceeding.

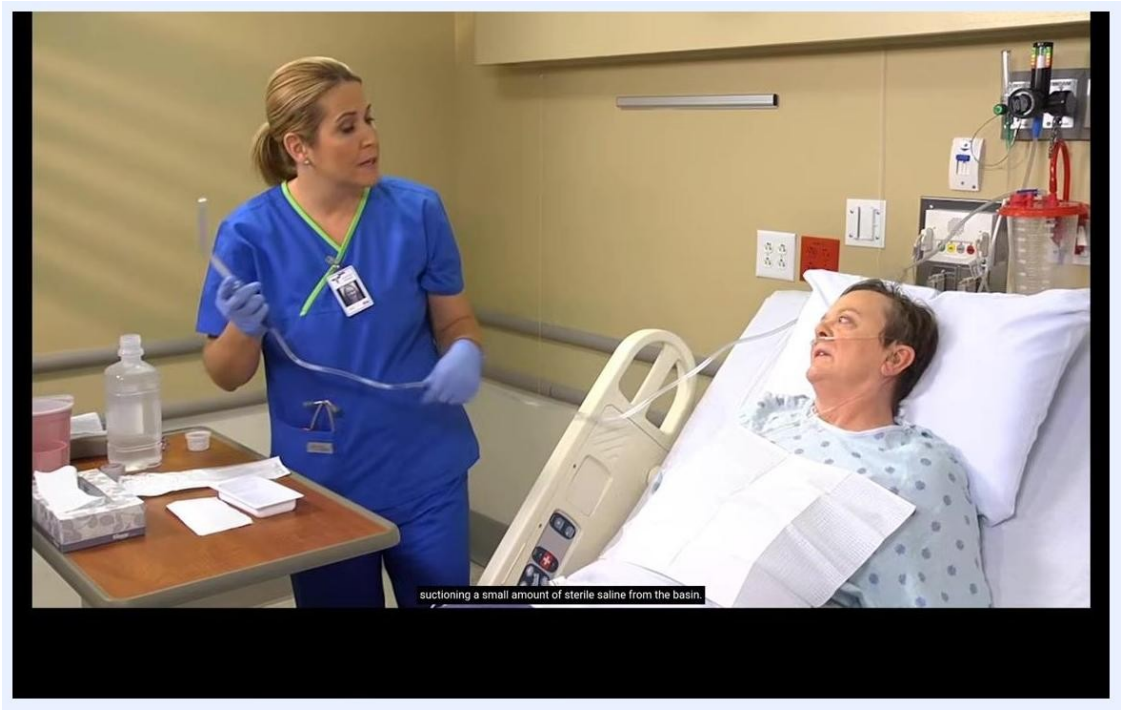


Close-up of a nurse holding the Yankauer catheter and suctioning sterile saline from a basin, with supplies and sterile water visible nearby.

Step 6: Prepare the patient's oxygen delivery, if applicable
If the patient is using an oxygen mask, remove it but keep it near the patient's face for quick replacement. If the patient is using a nasal cannula, leave it in place.

Step 7: Suction the patient's oropharynx
Insert the Yankauer catheter into the patient's mouth, moving along the gum line toward the pharynx. Apply suction and gently move the catheter around the mouth to clear all secretions.

Nurse inserting the Yankauer catheter into the patient's mouth while the patient sits in a semi-Fowler's position, draped, and wearing a nasal cannula.



Close-up of the Yankauer catheter in the patient's mouth with a nurse's gloved hand applying suction.

Step 8: Clear the suction tubing

After suctioning, suction water or normal saline through the catheter to clear the connecting tubing of secretions.

Step 9: Turn off the suction and provide comfort
Turn off the suction machine. Offer the patient a tissue if needed and wash the patient's face if necessary to remove any residual secretions.

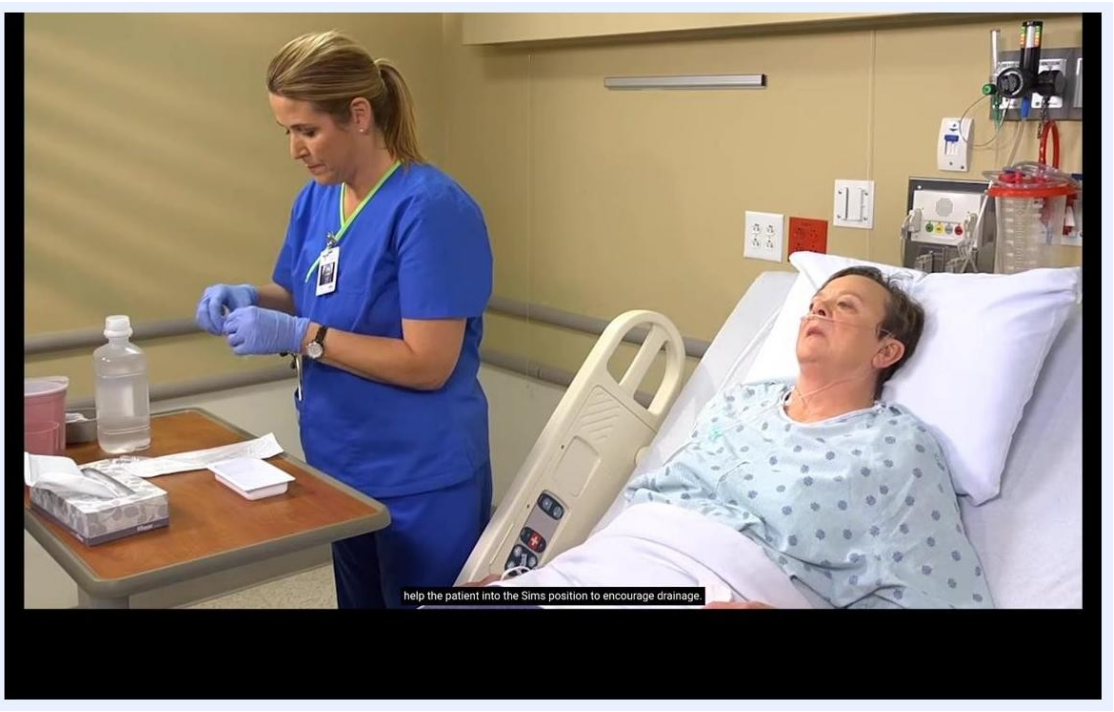
Nurse turning off the suction machine at the wall unit while the patient rests in bed, draped and comfortable.

Step 10: Offer tissue and assess patient comfort
Offer the patient a tissue to wipe their mouth or face as needed. Ask the patient if they feel like they are breathing better and observe their respiratory status. Repeat suctioning if difficulty breathing or secretions persist.

Nurse standing at the bedside offering care supplies to a patient in a hospital gown, lying in bed with a drape over the chest; the bedside table holds tissues, sterile water, and other supplies.

Step 11: Remove the drape and dispose properly
Remove the drape from the patient's neck and chest. Place the drape in the trash or laundry if it is soiled.

Step 12: Address diminished consciousness, if applicable
If the patient has a diminished level of consciousness, reposition them into the SIMS position (side-lying with the lower arm behind the body and the upper knee flexed) to encourage drainage and prevent aspiration.



Nurse standing beside the bed, preparing to assist the patient who remains in a semi-upright position with a drape on the chest.

Step 13: Store the suction catheter
Store the Yankauer catheter in a clean, dry place, such as a bag attached to the bed rail, for future use.

Step 14: Reposition the patient for comfort
Ask the patient if they would like to be repositioned. Lower the head of the bed or adjust the patient's position as requested to ensure comfort.

Nurse speaking to the patient at the bedside while holding the bed rail, preparing to assist with repositioning; the patient is alert and responsive.

Step 15: Perform oral care
Offer and perform oral care, such as brushing the patient's teeth, to maintain oral hygiene after suctioning.

Close-up of the patient's face with a nasal cannula, with the nurse's gloved hand visible on the bed rail preparing for oral care.

Step 16: Discard remaining supplies
Discard any remaining sterile water or saline used during the procedure.

Step 17: Remove and dispose of PPE
Remove gloves, mask, and face shield, if worn. Dispose of all personal protective equipment in the appropriate receptacle.

Step 18: Perform hand hygiene
Wash your hands thoroughly with soap and water, or use an alcohol-based hand sanitizer.

Nurse at a sink in a clinical setting using a wall-mounted soap dispenser to perform hand hygiene.

Step 19: Document the procedure
Document the suctioning procedure in the patient's medical record, including:

- How well the patient tolerated the procedure
- The amount, consistency, color, and odor of secretions removed

- Any changes in respiratory status or oxygen saturation

Nurse in blue scrubs documenting at a computer workstation, focused on entering patient information.

Pain management

The source material does not describe a pain management plan, medication schedule, or pain score targets for this procedure; facility-specific pain management protocols should be referenced separately if the patient experiences discomfort related to suctioning.

Mobility milestones

The source material does not include a mobility milestone timeline, as oropharyngeal suctioning is a bedside procedure rather than a post-operative recovery pathway; mobility guidance should be drawn from the patient's overall care plan.

Complication monitoring

Monitor the patient for the following during and after suctioning:

- Restlessness, gurgling, drooling, or ineffective coughing indicating ongoing secretion buildup
- Persistent difficulty breathing after suctioning, which requires repeating the procedure
- Oxygen saturation levels, confirming improvement after the procedure
- Diminished level of consciousness, which requires repositioning to the SIMS position to prevent aspiration

Note: Always follow your facility's infection control protocols and reassess the patient regularly, repeating suctioning only as clinically indicated.

Discharge criteria

The source material does not specify discharge criteria, as oropharyngeal suctioning is a single bedside intervention rather than a discharge pathway; discharge readiness should be assessed against the patient's overall condition and facility standards.

Patient education

Key points to communicate to the patient during and after the procedure include:

- Explaining that suctioning helps clear secretions and improve breathing
- Reassuring the patient and confirming improvement, for example noting that oxygen levels are improving
- Asking the patient whether they would like to be repositioned for comfort
- Encouraging the patient to accept oral care after suctioning to maintain oral hygiene

Note: Always follow your facility's protocols for infection control, patient safety, and documentation.