The eleven steps of closed suctioning with Kimberly-Clark* Trach Care* 72

1. Washing your hands according to your unit protocol.
2. Determining the correct catheter sizing and configuration.
3. Removal of Trach Care from its package and connection of the flex tube.
4. Attachment of the day change sticker.
5. Connection of the wall suction line to the Trach Care and setting the vacuum level.
6. Insertion of Trach Care into the ventilation circuit.
7. Observation of ventilator parameters and assessing the patient’s need of suctioning.
8. The full suctioning procedure.
9. Repositioning of the suction tubing.
10. Checking the ventilator and patient observations.
11. Hand washing and glove disposal.

1. **Wash hands according to unit protocol**

Wash your hands according to your unit protocol. Whilst working with Trach Care, we recommend that you wear examination gloves and facial protection. Other protective measures might be needed according to your unit protocol.

2. **Determining the correct catheter sizing and configuration.**

To obtain the correct French size of your TrachCare72, multiply the ET diameter by 2, then use the next smallest size of catheter. So, if you are using an 8 mm ET tube, multiply by 2, and you get 16. Then use the next smallest catheter size. In this case, 14 French. Using a catheter size that is too large may affect the ventilator function and cause Auto-PEEP.

3) **Removal of Trach Care from its package and connection of the flex tube**

Open the package and attach the flex tube to the 15mm port of the Trach Care Double Swivel Elbow. Remove the red wedge plug from the TrachCare.
4) Attachment of the day change sticker

The day change sticker indicates the day when the next Trach Care change is due. For example, on a Tuesday, you would attach the Friday sticker to the valve, which is when the catheter must be changed. This sticker makes it easy for your colleagues to verify the change date.

5) Connection of the wall suction line to the Trach Care and setting the vacuum level

Attach the suction connection tube from the Trach care suction valve to the negative pressure manometer and collection jar. With the suction valve unlocked, depress the valve completely and adjust the manometer to reach a negative pressure of 15.9 kPa or 120 mm Hg. for an adult patient.

6) Insert Trach Care into ventilation circuit (humidified or HME) with gloved hands and masks

Remove the old flex tube and elbow connector. If this is tight, use the red wedge plug to help with prizing them apart. Connect the Trach Care flex tube to the Y-piece of the ventilator and the double swivel elbow to the 15 mm endotracheal tube.

7) Observation of ventilator parameters and assessing the patient’s need of suctioning

Use the ventilator to hyperoxygenate and hyperventilate the patient if indicated by clinical signs or by hospital protocol.

The mode selection while using Closed-Suctioning is very important. See the Directions for use and always use a mode which has gas flowing through the circuit or one that responds to negative pressure.
8) **Full suctioning procedure (7 steps)**

1. Lift up the thumb valve cap to unlock it, then depress and hold the valve and simultaneously adjust the vacuum regulator to the desired level. Depress the valve completely and adjust the manometer reading to reach the required pressure. For adult patients, we suggest a range of 80 to 120 mm Hg or 10.6 -15.9kPa.

2. Open the cap on the irrigation port and attach a saline vial so that the system flushes clean automatically.

3. To carry out the suctioning, stabilize the manifold, and ET tube with one hand, then, with the thumb and forefinger of the other hand, advance the catheter down the ET tube to the desired depth. Measured depth suctioning is explained in more detail shortly.

4. Suctioning needs to be applied for two seconds before starting to withdraw the catheter. Depress and continuously hold the thumb valve whilst withdrawing the catheter slowly. Do not depress it intermittently. Twirling the catheter as it is withdrawn is not necessary and has no beneficial effect.

5. Stop withdrawal when the black marker ring appears inside the sleeve and release the thumb valve. Do not pull too far or you will stretch the sleeve. Withdrawal of the catheter too far will cause leakage of ventilator gas into the sleeve causing it to inflate. If this happens, the performance of the Trach Care will be compromised and you must replace the Trach Care with a new one immediately.

6. The irrigation port should be used to clean and rinse the catheter when the suction procedure is completed. Be sure that the black marker ring is visible in the sleeve. Simultaneously depress the thumb control valve, you will have a dynamic active cleaning of the catheter. Continue to irrigate until the catheter is clean.

7. Lift up the thumb valve cap and turn it to lock the valve.
9) Repositioning of the suction tubing.

Replace the suction tubing in the support out of the way.

10) Check ventilator and observe patient

Now assess the patient's vital signs, breath sounds and oxygen saturation.

11) Wash hands and dispose of gloves

Once the suctioning procedure is completed, take your gloves off and dispose of them, and wash your hands.