

Standard Operating Procedure no.	
Title: Oral Yankeur Suctioning in the Community	
Prepared by: Tina Mitchell	
Date: 24/07/12	
Ratified by: Care and Clinical Policies Sub-Group	Date: 27.01.16
	Review date: January 2018
Links to policies: <ul style="list-style-type: none"> • TSDFT Infection Control Policies • NICE CG 139 March 2012 • TSDFT Oral Suctioning in the Community assessment template • TSDFT Policy: Accountability, Delegation and Supervision, of Activities to Skilled Not Registered Staff • TSDFT Policy: Delegation of level 3 tasks to SNR's not employed by Torbay and South Devon Foundation Trust 	

1. Purpose of this document:

This SOP has been developed to ensure safe practice when caring for clients, who require oral suctioning due to an inability to clear the airway by cough or huff.

Oral suctioning removes excessive secretions and keeps the mouth and airways clear. Oral suctioning is performed using a Yankeur suction catheter, and suctioning device. The large opening of the Yankeur sucker enables clearance of copious amounts of secretions. It is angled to follow the contours of the posterior oropharynx and buccal pouches in the mouth, where secretions can collect. **Yankeur suction must never be undertaken in the throat as this can result in vomiting or airway blockage.**

Oral suctioning can be traumatic and should only be used when other methods are ineffective. The need for Yankeur suctioning will vary with each patient, therefore the frequency of undertaking this procedure will be indicated within individual care plans. Yankeur suctioning should be used to prevent distress and airway blockage, as required. Each individual should be assessed, and their individual needs identified, and recorded in their care plan

2. Scope of this SOP:

All Trust staff undertaking this procedure must have attended training by a Registered Healthcare Professional. Registered Nurses in the community should use the TSDFT Oral Yankeur Suctioning assessment document, and be familiar with the Trust Link Policies as indicated above, prior to delegating this task to Skilled Not Registered Nurses/Carers.

Key Skills for Community Healthcare workers:

- Knowledge of basic mouth and throat anatomy
- Indications for mouth care:
 - Dry Mouth
 - Nil By Mouth
 - Excess secretions
 - Patient unable to clear their own mouth and airway
- Indications for Yankeur oral suctioning:
 - Excess oral secretions
 - Diminished swallow
 - Vomiting
 - Ability to cough secretions into front of mouth, but inability to expectorate them
- Contraindications and precautions for mouth care and Yankeur suctioning:
 - Head and neck surgery
 - Facial fractures
 - Haematological conditions
 - Sore mouth or damaged oral mucosa
 - Fitting patient
 - Confusion or distress
 - Spasms or increased muscle tone of face and neck muscles

3. Clients covered:

Any patient in the community and community hospitals, that has been assessed by a medical professional, and for whom suctioning has been advised in their best interests.

4. Equipment :

- Functional suction unit: 15- 20kPa/100mmHg/150 – 200cmH₂O or as advised by medical electrics for community use.
- Wide-bore Yankeur suction tube
- Disposable gloves, apron, and protective eyewear
- Oxygen therapy and humidification equipment if required
- Jug or bowl of water for clearing the tube after suctioning
- Oral mouth-care pack

5. Procedure:

Explain procedure and get consent if possible	To gain informed consent in line with TSDHCT policies
Pre-oxygenate if applicable	To prevent hypoxia
Decontaminates hands NICE Guideline 139 & EPIC 3 2014	To maintain asepsis and reduce the risk of infection
Puts on disposable gloves, apron and protective eyewear	To maintain asepsis and reduce the risk of eye trauma and infection
Turn on the suction apparatus, and checks settings, as per manufacturers' and medical devices' guidelines	To ensure safety of apparatus, and reduce the risk of trauma to the oral cavity
Attach the sterile yankeur sucker to the machine, leaving the sterile sleeve on until ready to use	To ensure all equipment is prepared and to reduce the risk of infection
Open the patient's mouth, or ask them to open their mouth	To enable visual identification of areas blocked by secretions
Insert the yankeur sucker into the patient's mouth, inside the cheek, without applying suction	To protect the oral mucosa until ready to remove secretions
Apply suction and gently withdraw the sucker to remove as much visible secretions as possible	To ensure all visible secretions are removed and the airway is clear
Rinse suction tube if necessary by drawing water up into the yankeur sucker, then repeat suctioning on the other side of the mouth	To ensure sucker is not blocked and to ensure all visible secretions are removed ,and the airway is clear
Evaluate the consistency and amount of secretions removed	To ensure blood is not present which could indicate trauma
Dispose of all used equipment as per Trust clinical waste guidelines	To prevent the risk of infection
Rinse suction tube by drawing water up into the yankeur sucker,	To reduce the risk of infection and prepare for next use
Ensure the patient is comfortable, and give oral mouth-care as required	To prevent build-up of secretions and ensure airway is accessible
Assess the patient's respiratory functioning, and skin colour	To assess if further suctioning, or emergency medical intervention is required
Document the procedure in the patients care plan and/or notes	As per Trust Guidelines for record keeping
The suction container bottle liner must be disposed of after every use	To reduce the risk of infection
The suction bottle must be cleaned daily, and the tubing, and Yankeur sucker changed when soiled. They must be changed every 24hrs minimum.	To reduce the risk of infection

7. References:

- *Oxford Handbook of Clinical Skills in Adult Nursing*.(2009) Chapter10, pages 310 – 311. Randle et al authors. Oxford University Press pubs.
- National Institute of Health and Clinical Excellence (NICE) Guideline 139: Infection. (March 2012) at www.nice.org.uk/cg139
- Competencies sheet for Mouth-care and Yankeur Oral Suction. Derriford Hospital, Plymouth: Kindly provided by Trevor Phillips
- EPIC 3: National Evidence – based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England

**Strategies, Policies, Procedures and Guidelines
Section 1.01 Front Sheet for Ratification**

Document Title			
Document Author:	Tina Mitchell: TSDFT Community Clinical Skills Facilitator		
Responsible Directorate:	Operations/Education		
Justification of need for Document:	To provide a standard for best practice		
Key document issues:	Safe practice. Safeguarding vulnerable adults		
Is there a fit with National Policy or supports legislation? if so please state:	NICE Guidelines 2012 RCN Guidelines for Delegation and Accountability DOH Consent Form 4 for Adults who are unable to consent TSDHFT Linked Policies EPIC 3: 2014		
Link to Care Trust Objective	Yes		
Link to Standards for Better Health	Yes		
Impact on User / Staff	Safe practice of Staff Safe care provision for clients		
Consultation Route: -Identity group, committees, patients, service users, dates of meeting when consulted	Care and Clinical Polices sub-group		
Are all elements of the document in place to ensure it is fully operational	Yes		
Action still required to ensure fully operational			
Action Timescale	Lead		
Financial Implications linked with document: Has financial Support been granted/by whom	N/A		
Describe the training package that will underpin this document.	Training must be accessed at the District General Hospital discharging the patient		
Identify who has agreed Training and other Resources:	N/A		
Has an Impact Assessment been done If yes, has it been forwarded to the Equality & Diversity Lead			
Who will monitor and initiate review of document?	Tina Mitchell: Author		
How will the document be distributed and implement?	Intranet		
Presented to	Committee for Ratification by	Tina Mitchell	date: January 2016
When Ratified:			
It is the responsibility of the person who services the committee to advise the Document Author whether the document has been ratified.			
Date of Ratification: January 2016		Date Document Author Advised: February 2016	
Date document uploaded to website.			
This document when fully completed should be forwarded to the Information Governance Manager at Bay House for filing.			