

**NORTH CAROLINA BOARD OF NURSING
NURSE AIDE II TRAINING MODULE**

SKILL MODULE 5: SUCTIONING: OROPHARYNGEAL AND NASOPHARYNGEAL

SPECIAL DIRECTIONS OR NOTATIONS:

- Successful completion of sterile technique module is a pre-requisite to this module. Clean techniques may be used if supported by agency policy.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
6 hours	<p>Define suctioning</p> <p>Discuss two (2) areas which may be suctioned by the NA II</p> <p>State four (4) purposes of pharyngeal suctioning</p> <p>Identify the equipment necessary for suctioning</p> <p>Discuss the steps in preparing to suction a client</p> <p>Describe the procedure for: a. oropharyngeal suctioning b. nasopharyngeal suctioning</p>	<p>A. Definition</p> <p>B. Areas</p> <ol style="list-style-type: none"> 1. Oropharyngeal 2. Nasopharyngeal <p>C. Purposes</p> <ol style="list-style-type: none"> 1. Removal of secretions 2. Facilitate ventilation 3. Diagnostic testing 4. Prevention of infection <p>D. Equipment</p> <ol style="list-style-type: none"> 1. Suction apparatus – wall or portable 2. Water or saline 3. Sterile container 4. Sterile gloves 5. Protective pad <p>E. Client Positioning</p> <ol style="list-style-type: none"> 1. Conscious client 2. Unconscious client <p>F. Preparation for Suctioning</p> <ol style="list-style-type: none"> 1. Correct pressure 2. Catheter measurement for depth of tip <p>G. Procedure for suctioning</p> <ol style="list-style-type: none"> 1. Oropharyngeal 2. Nasopharyngeal 	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of procedure for assembling equipment</p> <p>Laboratory demonstration and return demonstration of positioning a conscious and an unconscious client</p> <p>Laboratory demonstration and return demonstration of the procedure: a. adjusting correct suction pressure b. measuring catheter to determine proper depth</p> <p>Laboratory demonstration and return demonstration of procedure for: a. oropharyngeal suctioning b. nasopharyngeal suctioning</p>	<p>Written test</p> <p>Skills Checklist Competency Evaluation in Clinical Setting</p>

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SKILLS CHECKLIST COMPETENCY EVALUATION

SKILL MODULE 5: SUCTIONING- OROPHARYNGEAL AND NASOPHARYNGEAL

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COMPETENCY STATEMENT: Demonstrates ability to perform oropharyngeal and nasopharyngeal suctioning on a conscious and an unconscious client

CRITERIA:

1. Obtains directions from licensed nurse regarding type of suction equipment needed
2. Explains procedure to client, if conscious
3. Obtains vital signs
4. Assembles equipment needed
5. Positions client
6. Places protective pad on client
7. Washes hands
8. Turns on suction device and adjusts to proper pressure
9. Opens sterile catheter
10. Dons sterile gloves
11. Removes sterile catheter from package
12. Measures catheter for proper depth
13. Moistens catheter before insertion (for nasopharyngeal, water-soluble lubricant; for oropharyngeal, sterile water or sterile saline)
14. Inserts catheter to proper depth
15. Applies suction after insertion, only during withdrawal, and for no longer than 10 seconds
16. Rotates catheter during suction
17. Flushes catheter after use
18. Removes dirty gloves and discards dirty gloves and catheter without contaminating self
19. Washes hands
20. Documents information
21. Reports actions to licensed nurse

This entire activity has been properly performed, without prompting and without assistance, by

(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: _____ Date _____