

SNS COLLEGE OF PHYSIOTHERAPY

COIMBATORE-35

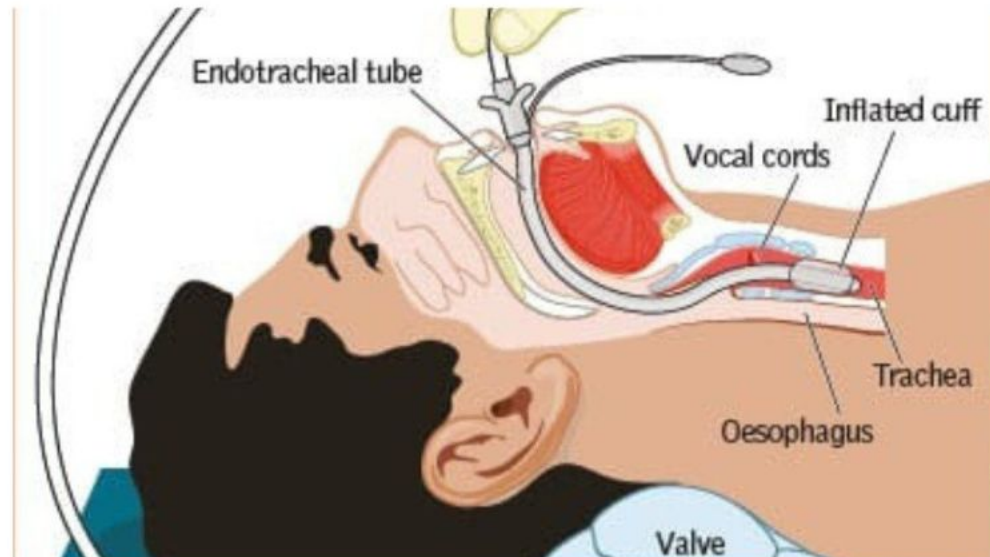


**SUBJECT: CLINICAL CARDIOLOGY AND
RESPIRATORY DISEASE**

TOPIC: SUCTIONING

Empathize

- Patient with thick secretions: feels suffocated.
- Goal: provide airway clearance, relief, comfort.



Ideate

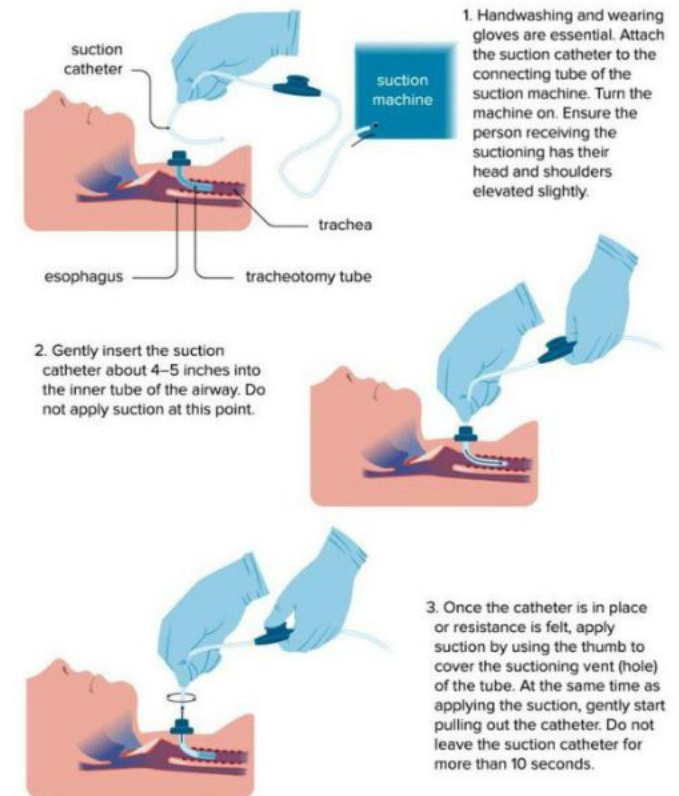
- Indications: retained secretions, ineffective cough, desaturation.
- Who needs it: ICU patients, tracheostomy, post-surgery.



Define & Explain

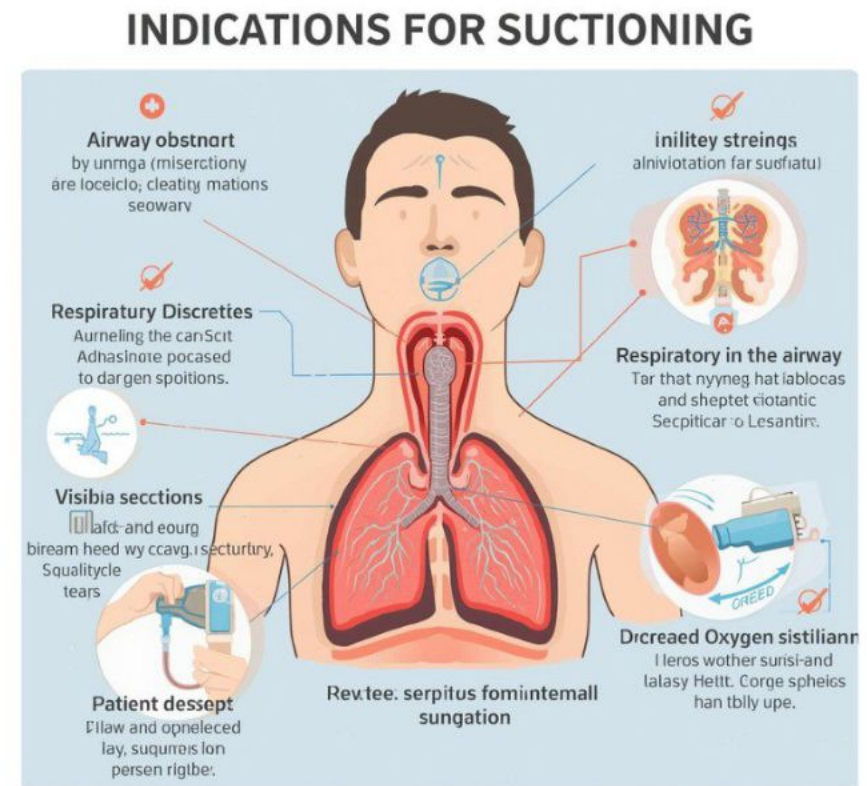
- Suctioning: Mechanical removal of secretions from airway using negative pressure.
- Types: Oral, nasopharyngeal, tracheal, endotracheal.

Tracheostomy suctioning
What it is and how to do it



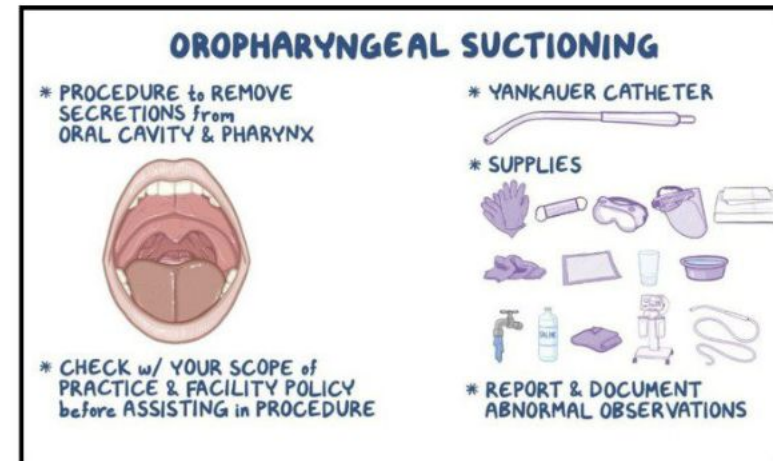
Indications

- Gurgling sounds, visible secretions.
- Desaturation, increased work of breathing.
- Inability to clear airway.



Clinical Findings

- Before suction: coarse crackles, rhonchi, ↓ SpO₂.
- After suction: improved air entry, better oxygenation.

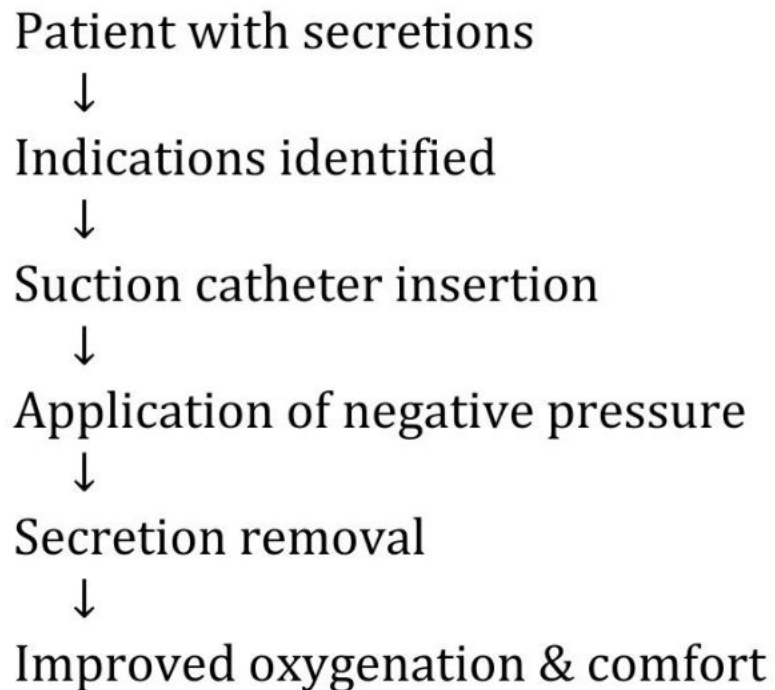


Cardio Considerations



- Risks: bradycardia, arrhythmia (vagal stimulation).
- Hypoxemia if prolonged suctioning.
- Monitor HR, SpO₂, ECG during procedure.

Flow Chart (Roadmap)



MCQs

Q1. Suction pressure for adults is: a) 20–40 mmHg b) 80–120 mmHg c) 300–400 mmHg d) 600 mmHg (Ans: b)

Q2. Major cardiac risk during suction is: a) Hypertension b) Bradycardia c) Angina d) LVH (Ans: b)

Q3. Which sound indicates need for suctioning? a) Vesicular b) Crackles c) Gurgling d) Pleural rub (Ans: c)

MCQs



Q4. Which type of suctioning is done in tracheostomy? a) Oral
b) Tracheal c) Nasopharyngeal d) Esophageal (Ans: b)

Q5. Max duration of suction attempt: a) 10 sec b) 30 sec c) 1 min
d) 5 min (Ans: a)

Q6. Hypoxemia during suction can be prevented by: a)
Hyperventilation b) Pre-oxygenation c) Withholding suction d)
Fluid therapy (Ans: b)