SKILL 21 Management of Gastrointestinal Suction

**EQUIPMENT**
Source of suction with gauge  
Suction tubing  
Suction/collection cannister  
Double lumen nasogastric tube  
Tape  
60 cc catheter tip syringe  
Gloves, nonsterile

**PROCEDURE**
1. Check chart for order including type and level of suction. Determines equipment needed; ensures appropriate application of gastric suction.  
2. Gather equipment. Promotes organization and efficiency.  
3. Wash hands. Reduces transmission of microorganisms.  
4. Explain procedure to child and family. Enhances cooperation and participation and reduces anxiety and fear.  
5. Set up suction source. For wall suction plug regulator into suction port. For portable suction plug machine into power source. Provides source of suction.  
6. Attach suction tubing and cannister to suction head. Turn on suction to test functioning of equipment. Turn suction off. Evaluates functioning of equipment.  
7. Position child.  
8. Put on nonsterile gloves. Protects nurse from contact with gastrointestinal fluids.  
9. If not already in place, insert nasogastric tube and check placement using procedure described previously. If nasogastric tube already in place, remove syringe or plug from end of tube if present and check placement.  
11. Ensure vent of tubing is opened when suction is applied. Prevents nasogastric tube from adhering to gastric wall.  
12. Turn on suction and set at appropriate level and type, i.e., intermittent or continuous.  
13. If air vent fills with fluid or is leaking, inject air vent with 5–10 cc air while suction is applied to the suction drainage.  
16. Observe nasogastric tube for patency and proper function and pressure of suction every 2 hours or according to agency policy. When connected to suction there should be bubbling or fluid movement in the tube during the suction cycle.  
17. Observe child for signs and symptoms of malfunctioning suction or complications.  
   a. Abdominal discomfort.  
   b. Nausea or vomiting.  
   c. Oral or nares discomfort.  
   d. Leaking from the tubes.  
   e. Gastric distention.  
   f. Irritation and/or skin breakdown at site of entry (nares or mouth).  
   g. Gastric distress/gastrointestinal (GI) bleeding.  

**NOTE:** In absence of documented GI bleed, notify physician if blood evident in gastric drainage.

**DOCUMENTATION**
1. Type and pressure of suction.  
2. Amount of drainage every shift or more often as needed.  
3. Character of drainage every shift or more frequently if character changes.