**CLEANING:**
Canister, Tonsil Tip and Connecting Tubing…

1. **DAILY** – Wash these parts in hot soapy water (liquid dish detergent). Rinse well and air dry.

2. **THREE TIMES A WEEK** – Follow hot soapy water wash with a 30 minute soak in a disinfectant solution.

**Disinfectant Solution:**
1. Make a solution in a container large enough to use for soaking.
2. Use ONE part White Vinegar and TWO parts Water
3. Store in the refrigerator to reuse for one week.

**MAINTENANCE:**
**SUCTION MACHINE**
Wipe machine off with a damp cloth. NEVER immerse unit in water or spray with a cleaner.

**FILTER/S**
Depending on the style of suction unit you have, replace the white felt filter or black muffler housing monthly. Replacement is easily accomplished and filters and muffler housings are readily available.

Replace the white disk shaped filter and vinyl tubing every two weeks or as needed.

**TROUBLESHOOTING:**

**PROBLEM**
- Inadequate suction
- Unit does not turn on

**CAUSE**
- White disk shaped filter is damp. Replace filter
- Canister lid not on tight
- Tubing not connected properly
- Power not turned on
- Tubing or Catheter clogged
- Check power cord and outlet.

(503) 215-4663
SUCTION THERAPY

PURPOSE:
Suction therapy **MUST** be ordered by a physician. The same equipment is used for both oral suction and deep tracheal suction. Oral suction is used to clear secretions from the back of the throat, which is helpful when a patient cannot clear mucus from their mouth/throat or cannot swallow. **Deep tracheal suction** is used when mucus can be heard rattling in the chest and the patient is unable to cough it out. The patient usually has a tracheostomy tube in place, or an open stoma. Deep tracheal suction should only be performed by a professional or trained caregiver. A suction catheter such as the one shown in the illustration is used for this type of suction therapy.

PRESCRIPTION:
Your physician has ordered ______________________________ suction to be performed ______________________________

NOTES: ______________________________________________
_____________________________________________________

INSTRUCTIONS:
**ORAL SUCTIONING**
1. Remove lid from canister and place approximately one-half inch of water or mouth wash in the canister.
2. Replace lid on canister.
3. Check to be sure hose, canister lid and float shut off (located inside the lid) are connected properly.
4. Attach tonsil tip or suction catheter, or BBG nasal aspirator to the end of the suction hose. *(see illustration)*
5. Connect the suction machine to a/c power by plugging the power unit into a grounded wall power outlet.

**NOTE:** *If you do not have grounded wall power outlets you must use a three prong adapter.*
6. Turn on the suction machine.
7. Cover the hole in the tonsil tip or suction catheter, or BBG nasal aspirator with a forefinger to control the suction.
8. Insert the tonsil tip catheter into the mouth as far as the base of the tongue, or insert the suction catheter into the tracheotomy tube until you feel resistance or until the patient coughs, or, insert the tip of the BBG nasal aspirator just inside the nares.
9. If Oral suctioning, suction the back of the mouth around the teeth.
10. When finished suctioning, while applying suction pressure, dip the catheter or BBG nasal aspirator in and out of water. This will help keep the catheters and tubing clean.

**WARNING:** **BE GENTLE AND TAKE IT SLOW TO AVOID INJURY TO THE SOFT TISSUE OF THE MOUTH!**

11. **EMPTY THE CANISTER WHEN ¾ FULL!!**
12. When the suction is complete, turn off the suction machine, remove the catheter or BBG nasal aspirator, remove the suction canister hose, remove the canister lid and empty the canister.
13. Clean the catheter, hose, and canister as directed under the “cleaning” section of the next page.

**BEDSIDE SUCTION MACHINE AND EQUIPMENT**