Validation Checklist

1:1 ALS Program Orientation / Competencies
Oropharyngeal Suctioning

NAME: ______________________________________ **ID#** ____________________
(Please Print)

JOB POSITION: ____________________ **INITIAL:** ☐ **RENEWAL:** ☐ **DATE:** ___________

PREPARATION				
Skill Component		**Yes**	**No**	**Comments**
Establishes body substance isolation precautions				
Assesses patient for the need to suction oral secretions				
Opens suction kit or individual supplies				
Fills container with irrigation solution				
Ensures suction device is working				
Sets appropriate suction setting:	Adult 80-120 mmHg			
	Peds/Elderly 50-100mmHg			

RIGID CATHETER (TONSIL TIP, YANKAUER) PROCEDURE				
Skill Component		**Yes**	**No**	**Comments**
Removes oxygen source - *if indicated*				
Connects rigid catheter to suction tubing/device				
Opens patient's mouth				
Inserts rigid catheter into mouth without applying suction				
Advances catheter gently to depth measured				
Suctions while withdrawing using a circular motion around mouth, pharynx and gum line within:	Adult 10-15 seconds			
	Peds 5-10 seconds			
Replaces oxygen source or ventilates patient at approximate rate of:	Adult 10-12/minute (1 breath q 5-6 sec.)			
	Peds 12-20/minute (1 breath q 3-5 sec.)			
Evaluates airway patency and heart rate				
Suctions remaining water into canister, discards container and changes gloves				
Discards or secures contaminated catheter				

FLEXIBLE CATHETER (WHISTLE STOP, FRENCH) PROCEDURE

Skill Component		Yes	No	Comments
Measures depth of catheter insertion from corner of mouth to edge of earlobe				
Removes oxygen source				
Connects flexible catheter to suction tubing/device				
Opens patient's mouth				
Inserts flexible catheter along the roof of the mouth without applying suction				
Advances catheter gently to depth measured				
Suctions while withdrawing and moving catheter from side to side around mouth, pharynx and gum line within:	Adult 5 -15 seconds			
	Peds 5-10 seconds			
	Infants < than 5 sec.			
Replaces oxygen source **OR** ventilates patient at rate of:	Adult 10-12/minute (1 breath q 5-6 sec.)			
	Infant and Children 12-20/minute (1 breath q 3-5 sec.)			
Evaluates airway patency **AND** heart rate				
Suctions remaining water into canister and discards contaminated catheter, container and changes gloves				

BULB SYRINGE PROCEDURE

Skill Component		Yes	No	Comments
Primes bulb syringe by squeezing out the air and holds in depressed position				
Opens patient's mouth				
Inserts tip of primed syringe into mouth and advance gently to back of mouth				
Releases pressure on bulb to draw secretions into syringe				
Removes syringe from mouth and empties secretions into designated container by squeezing bulb several times				
Replaces oxygen source **OR** ventilates patient at rate of:	Adult 10-12/minute (1 breath q 5-6 sec.)			
	Infant and Children 12-20/minute (1 breath q 3-5 sec.)			
Evaluates airway patency **AND** heart rate				
Rinses bulb syringe with irrigation solution				

Skill Component	Yes	No	Comments
Returns used bulb syringe to package/container and places in clean area for future use if needed for same patient.			
Discards irrigation solution into designated container and changes gloves			

ADDITIONAL CRITERIA			
Skill Component	**Yes**	**No**	**Comments**
Maintained aseptic technique			
Disposed of contaminated equipment appropriately			
Performed procedure in a safe and appropriate manner			

Validator Attestation Statement for Oropharyngeal Suctioning: ***My signature below indicates that I have reviewed/validated each line item and that completion by the employee occurred on the date stated at the top of this document.***

VALIDATOR NAME / SIGNATURE: ____________________________________ **DATE:** _______________
(Print Name & Sign)

☐ I understand the content and have completed the above competency assessment and verification process. I believe that I am a competent provider of this service as a result of training, experience and/or competency verification.

☐ I understand that I have not met the criteria needed to verify that I am competent provider of this service. I agree to participate in additional leaning activities as assigned in order to meet criteria.

■ I also understand that this form will be kept in my education file and is available upon request.

EMPLOYEE NAME / SIGNATURE: _____________________________________ **DATE:** ________________