

Clinical Procedure Competency Document

Suctioning of a child/young person Core Competency CSN

Name

Date

Expiry Date

PRACTICAL DEMONSTRATION OF REQUIRED SKILLS AND KNOWLEDGE	LEVEL REACHED				
	1	2	3	4	5
Assess the CYP need for suction					
Prepare all appropriate equipment is present prior to commencing procedure					
Check CYPs' Care Plan for suction limits					
Prepare the CYP (Patient specific), explain procedure and gain consent					
Decontaminate hands (adhering to IPC policy) and apply PPE					
Ensure environment is clean and prepared for procedure					
Encourage CYP to cough or position themselves or you position them for most effective access for suction/drainage of secretions					
ORAL-Insert suction catheter and run it along the gum line unless documented otherwise, keep the catheter moving.					
NASOPHYNGYL- check doctors/physio letter for size of suction catheter and depth. Insert catheter to the number documented on doctor's/physio letter. cover suction and remove slowly from the nose in a fluid motion. Remove suction catheter from suction after use and throw in clinical waste bin.					
Following suction reassess the child. - Do they need more suction - Have they recovered from the suction just given - Are there any signs of respiratory distress - Are there any change in CYP colour (cyanosis, paleness, redness) - Any trauma from suction					
Clear out suction catheter and tubing with water					
Ensure the CYP are comfortable					
Remove PPE and wash hands					
Clean any equipment if needed					
Document all relevant information in the notes - Colour of secretions - Consistency of secretions - Any smell associated with secretions - Any changes noted from last suction - If any variations from what is considered their normal- check care plan.					
Put the suction machine together					
Troubleshoot what to do if suction is not working					

Clinical Procedure – Core Competency

Competency Sign Off Sheet – Suctioning

CLINICAL SUPPORT WORKER

I _____ confirm that I have received theoretical learning, practical instruction and guidance in the above procedure. I confirm that I am in agreement that I be deemed competent following the assessment which I have just undertaken. I understand the scope of this competency and my duties in relation to this competency. I will not carry out any procedures which contradict the teaching I have received or that have not been covered in this training.

I will accept the responsibility for my own learning and seek out further training or practical sessions if I have any concerns related to my competency. I also understand that the aforementioned competency has an expiry date (identified on pg. 1) and I will seek to start the process of renewal at least 4 weeks before confirmed expiry date. I understand that if I allow my competency to lapse, I will not be licenced to perform this competency and will be expected to revalidate.

STAFF NAME (PRINT)		DESIGNATION	
SIGNATURE		DATE	

NMC REGISTRANT

I as an NMC registrant can confirm that the above named individual (the carer) documented above is competent to carry out the procedure detailed overleaf.

ASSESSOR NAME (PRINT)		DESIGNATION		NMC PIN	
SIGNATURE		DATE			