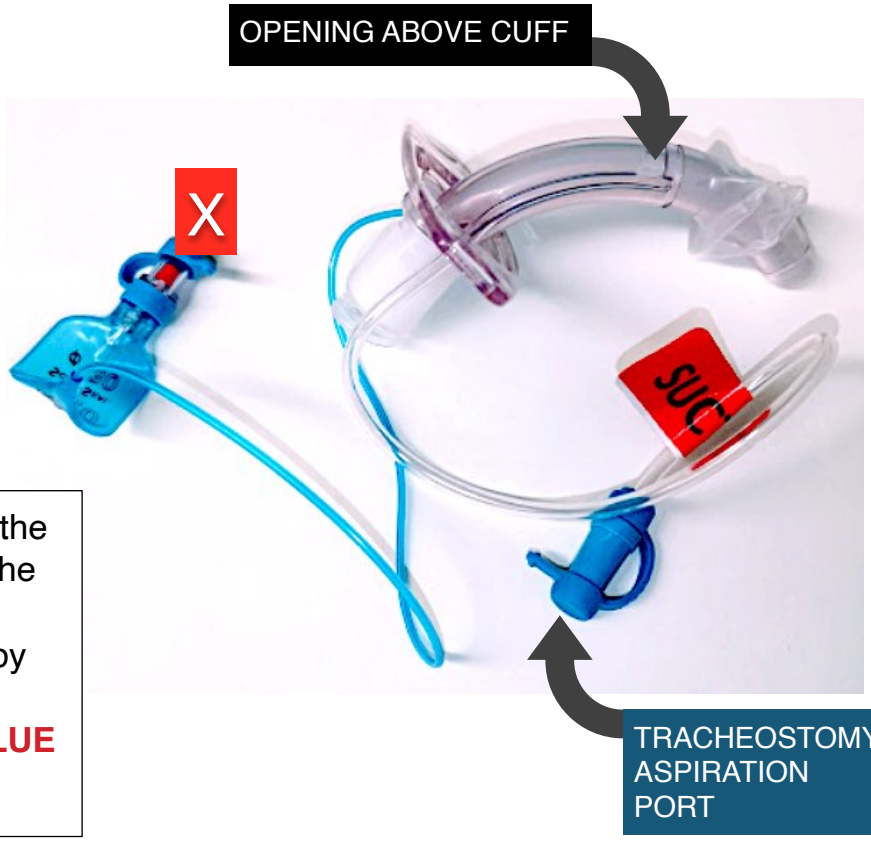
SUBGLOTTIC SECRETION ASPIRATION FOR PATIENTS WITH ICU TRACHEOSTOMIES

This is **only** possible in patients with Portex Cuffed Suctionaid tracheostomies. These have two ports - one for **cuff inflation**, the other for **subglottic aspiration**.It allows regular aspiration of oropharyngeal secretions that collect on top of the cuff that may contribute to ventilator associated pneumonia.



1 PREPARE PATIENT:

- **Explain** what you will do to the patient and why. They should not feel any different but you should observe & reassure

2 PREPARE EQUIPMENT:

- Attach a new 10 or 20 ml syringe to the **tracheostomy aspiration port** with the red **SUCTION** sticker
- Syringe size should be determined by volume of previous aspirations
- **DO NOT ATTACH SYRINGE TO BLUE CUFF RESERVOIR BALLOON**

3 ASPIRATE SUBGLOTTIC PORT:

- Slowly aspirate using the syringe, taking note of the colour, consistency and amount of secretions obtained. Sometimes mostly air will be aspirated, sometimes there may be nothing
- **Stop aspirating once resistance is felt**
- Record aspirate volumes on the fluid balance OUT on the ICU flow chart
- Discard the aspirate & syringe
- Replace cap on aspiration port
- *If volume <5 mls, repeat every 4-6 hours. If ≥5 mls, repeat every 2-4 hours*

If the patient is having cuff deflation as part of their tracheostomy weaning plan, aspiration of the port should be completed before the cuff is deflated.

This should also be done before attempting Above Cuff Vocalisation (ACV - see separate guide)

Protocol developed for Wellington ICU by Lynsey Sutton-Smith 2025-08. Designed by Alex Psirides