Effectiveness of Planned Teaching Programme Regarding Endotracheal Suctioning.

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Abstract

A pre-experimental one group pretest post-test approach was adopted in the study. Sample size of 20 staff nurses was selected using convenient sampling. A structured questionnaire was developed by the investigator for data collection . A planned teaching programme was administered regarding endotracheal suctioning with structured teaching and demonstration. An observation checklist was used to observe the practices of staff nurses regarding endotracheal suctioning. Findings of the study indicated that the staff nurses had pretest knowledge score (18.35) regarding endotracheal suctioning, and practice score of 19.85.The mean post test knowledge score was (22.45) and practice score (34.80), which was higher than the pretest score. The 't' test computed for knowledge is ('t'(19)=9.58, P<0.05) and practice ('t'(19)=17.58, P<0.05) showed highly significant difference suggesting that the planned teaching programme was effective in increasing knowledge and improving practice regarding endotracheal suctioning among staff nurses.

Key words : ETS, ICU, PTP.

Introduction

Tracheal suctioning is a method of cleaning secretions from the airways and is performed through an artificial airway (endotracheal tube / tracheostomy tube). The presence of the endotracheal tube causes soft tissue irritation and increased secretions due to suppression of normal ciliary action. In addition, the patient is unable to cough, which reduces the ability to clear secretions. The aim of endotracheal suctioning is to reduce the occlusion of air passage, resulting from a build-up of secretions. Documented complications associated with endotracheal suctioning include hypoxemia, bradycardia, tachycardia, atelectasis, pneumonia, fluctuations in blood pressure and intracranial pressure, localized trauma to the airway, sepsis, tube blockage and tube dislodgement.

Endotracheal suctioning (ETS) is mainly performed by nurses to remove secretions and debris from the tracheobronchial tree through mechanical aspiration. Ways of maintaining patency of the endotracheal tube varies widely among institutions. Potentially harmful suctioning techniques such as frequent and deep suctioning, head turning can cause trauma.

Endotracheal tube suctioning remains a routine practice in the intensive care units with different practices across the ICUs. Therefore, it is important that correct methods of suctioning the endotracheal tube that minimize complications should be identified and implemented.

Review of Literature

Johannes P. Van der Lurr et al (2003), conducted a study on endotracheal suctioning versus minimally invasive airway suctioning in intubated patients. A randomized prospective clinical trial design was selected. Three hundred and eighty three patients requiring endotracheal intubation for more than 24 hours were selected as 'samples'. Routine endotracheal suctioning (n=197)