

Suctioning and the Management of Artificial Airways

Hello and Welcome!

**This survey is designed to assess the management methods of nurses caring for patients with artificial airways (This includes Endotracheal Tubes as well as Tracheostomy's).
This survey takes approximately 15 mins to complete.**

**The information collected in this research study is kept completely anonymous.
You have no obligation to participate.**

Thank you for participating in this survey! Your feedback is important.

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CONSENT

* 1. Do you consent to participate in this survey, and for this data to be used in this research study as well as any further research study on this topic?

Yes I do

No I do not

☐☐

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2. Which of the following sites do you currently work at?

* 3. How many years of ICU experience do you have?

- ☐ ≥12 months
- ☐ <5 years
- ☐ 5–10 years
- ☐ 15–20 years
- ☐ >20 years

* 4. How often do you suction the following types of patients?:

| | Every Hour | ≥ 2 hours | < 4 hours | ≥ 4 hours | Unsure |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A post operative surgical patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A post CAGS surgical patient: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A patient with a chest infection or pneumonia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A patient with ARDS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A short-term Tracheostomy patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A long-term Tracheostomy patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A patient with a head injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 5. Are you more likely to suction if:

| | Strongly Agree | Agree | Unsure | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The patient is coughing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If the patient's oxygen saturation is low | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| if secretions are visible in the ETT or Tracheostomy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If patient is unsettled | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient has large amounts of mouth secretions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If patient is heavily sedated (decreased cough or gag reflex) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| As part of a neurological assesment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you have just turned the patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you plan to extubate the patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If you are planning to reposition the ETT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 6. How often should mouth care be performed on the following patients:

| | Every hour | Every 2 hours | > 2hours | As needed | Unsure |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Patient that has been intubated and ventilated for <24 hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient that has been intubated and ventilated for >24hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient with Oral Candida | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient with nasogastric feeds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient with large amount of oral secretions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patient with decreased cough and gag reflex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 7. Please state some respiratory management strategies you use for the following types of patients:

| | |
|---------------------------------------|----------------------|
| Intubated post operative CAGS | <input type="text"/> |
| Intubated general medical | <input type="text"/> |
| Intubated ARDS | <input type="text"/> |
| Intubated Pneumonia / Chest infection | <input type="text"/> |

* 8. What specific aspects of care do you think are important in the management of Tracheostomy patients?

9. Are there any other aspects of artificial airways management you feel are important but that have not yet been addressed in this survey?

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* 10. How would you rate your knowledge of evidence-based practice of artificial airway management ?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Very Good | Reasonable | Low | Very Low |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 11. Do you feel you are able to access information to inform your decisions about practice easily? Evidence Practice resources are....

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Highly Accessible | Reasonably Accessible | Somewhat Accessible | Not at all Accessible |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 12. How often do you access evidence- based resources (clinical guidelines, toolkits, reviews of the evidence)?

| | | | | |
|-----------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|
| Weekly | Daily | Only when I have a specific query | Rarely | Not at all |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 13. Do you feel that you have a clear knowledge of the clinical indications for suctioning?

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Clear | Clear | Somewhat Unclear | Not at all Clear |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 14. How confident do you feel managing patients with an Endotracheal Tube ?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Confident | Confident | Somewhat Confident | Not Confident | Not at all Confident |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 15. How confident do you feel managing patients with Tracheostomy ?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Confident | Confident | Somewhat Confident | Not Confident | Not at all Confident |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 16. Do you feel that your knowledge of evidence-based practice surrounding suctioning is adequate? My knowledge is...

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Excellent | Very Good | Good | Adequate | Low |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 17. I would be interested in an update on current best practice in suctioning techniques and management of patients with Endotracheal and Tracheostomy Tubes?

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Interested | Interested | Somewhat Interested | Not Interested |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Survey Complete!

Thank-you for taking part in this survey, your participation is appreciated!