



Clinical Update

For Telephone Triage Nurses

March – April 2013

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Telehealth nurses give advice about nasal mucus (snot) on a daily basis. Parents are often concerned about this. In our call center, we've learned how parents use nasal suction is all over the map. The triager's job becomes educating callers about when to suction and proper technique. Providing reassurance about nasal congestion is also a big part of giving advice.

Perspective

- Nasal secretions are a normal part of the common cold. Most are produced in the sinuses. Reason: Viral sinusitis is a part of all URIs.
- The discharge stays clear for a few days and then becomes cloudy. Sometimes, it becomes yellow or green colored for a few days. This is still normal.
- Thicker discharge is more common with sleep, antihistamines or low humidity. Reason: All of these reduce the production of normal nasal secretions, so the secretions dry out.
- Reality: Cough and cold medicines can't remove dried nasal discharge from the nose. Neither can antibiotics.
- What to do? Nasal washes and suction to the rescue.

Nasal Congestion: Does it Need Nasal Suction?

- Nasal congestion varies in severity.
- Most nasal congestion just causes a little noisy breathing. The baby or child is not even aware of it. This kind doesn't need any treatment.
- Nasal congestion needs treatment if it interferes with function.
- The main example in infants is trouble during breast or bottle feeding. When the mouth is closed the baby can't breathe through the nose. Therefore, the baby has to interrupt the feeding to breathe. This degree of blockage is evidenced by putting a pacifier in the mouth.
- Nasal congestion can also cause loud noisy breathing. The child is usually fussy when the breathing reaches this level. Sometimes with noisy breathing, the caller can't see any blockage in the front of the nose. This usually means the dried mucus is farther back.
- These infants need nasal saline drops or spray to loosen up the dried mucus. (If not available, can use warm tap water). Sometimes, the saline alone will cause the child to sneeze out the mucus. Other times, the saline drops will wash the mucus to the back of the nose, and it will be swallowed. Others will need nasal suction to get out the mucus.
- Rule 1: Never suction without first loosening up the mucus with saline or water. Reason: Suction or nose blowing alone can't remove dried or sticky mucus.
- Rule 2: If the saline opens up the nose, suctioning is not needed. Goal: Avoid unnecessary suctioning.
- Another option: Use a warm shower to loosen mucus.

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- For young children, can also use a wet cotton swab to remove very sticky mucus.
- Caution: Never use the suction bulb to instill the saline. Reason: Suction bulbs are usually dirty with germs (in parent talk!).

Nasal Suction: Preventing Side Effects

- Nasal suction must be done gently.
- Correct technique: The tip of the suction bulb should not be put in very far. Create a seal by pressing the outer nose against the tip.
- Side effects: If the tip is put in too far, it will hit the nasal turbinates. That will hurt and they will swell.
- Sometimes, they even bleed. A nosebleed following nasal suction means it was done too vigorously.
- Prevention: Suction gently and try to limit to 4 or less times per day.
- Best suction device: Buy a suction bulb with a blunt tip that completely occludes the nasal opening.
- Better yet, purchase a Baby Comfy Nose, a special nasal aspirator that easily makes a seal without entering the nose. It's 10 times more powerful than a suction bulb. It costs around \$12, but gets reviews suggesting it's worth it. When to mention this: Only if the caller complains that their suction bulb is not effective.
- Older children: Once a child learns how to blow their nose (age 3 or 4), they no longer need nasal suction. However, if they live in a home with forced heat and low winter humidity, they still need nasal saline to loosen up mucus before blowing. Otherwise, the mucus usually holds tight.
- Nasal flushes comment: A nasal flush is when saline is squirted in one nostril and then comes out the other side. Most kids hate nasal flushes, so they are not recommended in phone advice. Nasal flushes are fine if the child's HCP recommends it and trains the parent how to do it.

Summary: These recommendations do not represent a standard of care for opening the nasal passages. Clarifications and fresh ideas from readers will be most welcome. We will distribute them in a future issue of Clinical Update.

Nurse interview:

When discussing nasal suction with callers, always *ask* (rather than tell) them about technique. Also, ask how many times per day the parent suction. Some parents suction hourly leading to rebound swelling. This may explain why the baby is getting worse rather than better with suctioning.

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