The Passy Muir Valve FAQ Challenge

Learning Outcomes

- Describe the bias-closed position Passy Muir® Valve (PMV) and explain how a proper upper airway assessment is key to its successful use.
- Explain how an extra length tracheostomy tube may affect patient tolerance of the Passy Muir Valve.
- State the two most common reasons why a patient may not be a candidate for the Passy Muir Valve.

Outline

- Review of the design of the Passy Muir Valve
- Clinical benefits of the Passy Muir Valve
- Patient selection
- Assessment and placement
- Transitioning and treatment
- Care, cleaning and lifetime
- Ordering and billing
- Bonus questions
- Questions from the audience

How the Valve works:

- Opens only during active inspiration
- Closes at end inspiration
- Remains closed throughout the expiratory cycle
- Air is re-directed through the upper airway
- Offers a buffer to secretions
- The ONLY bias-closed position no-leak valve

Benefits of the Passy Muir Valve

- Improved voice and speech
- Improved smell and taste
- Improved swallow
- May reduce aspiration
- Improved secretion management
- Restored positive end-expiratory pressure (PEEP)
- Improved oxygenation
- Improved quality of life
- Expedites weaning and decannulation

- Assessment and placement of a PMV should occur no sooner than 48 – 72 hours after a tracheostomy.
- The PMV can be used with neonatal tracheostomy tubes.
- You do NOT have to have a fenestrated tracheostomy tube to use a PMV.
- After a review of patient history, the following are indications that the patient is a good candidate for a PMV:
    - The patient tolerates complete cuff deflation
    - The patient is able to speak with tracheostomy tube occluded on exhalation.
    - The patient coughs and expectorates through the mouth following cuff deflation and tube occlusion on exhalation.
- If an adult patient has a size 6.0 cuffed tracheostomy tube, any PMV would be appropriate except the PMV 2020 (as it is for the improved, metal Jackson tracheostomy tubes)
- The PMV can be used with mechanical ventilation and the PMV 007 is designed to fit in-line with mechanical ventilation.
- It may be difficult for a patient to tolerate a PMV if cuff deflation is not tolerated, tracheostomy tube size is inappropriate, upper airway obstruction exists, or the patient has unmanageable secretions.
- A patient with an extra-long tracheostomy tube (XLT) is a candidate for PMV use but requires proper assessment.
- The length of time that a PMV is worn is based on the patient's status and team
    - recommendations.
- Basic parameters that should be monitored and documented before and after PMV use are:
    - Heart rate
    - Respiratory rate
    - Work of breathing (WOB) and breath sounds
    - O_2 Saturation
- Some tips to help patients tolerate the PMV are:
    - Prepare the patient for what to expect
    - Allow the patient time to get used to the airflow through the upper airway
    - Use oral exhalation and relaxation techniques
- The PMV should be replaced as needed.
- The PMV should be cleaned daily with a mild soap in warm water, rinsed under running warm water, and air dried.
- For all updated Speech-Language Pathology Billing and Reimbursement Questions, please go to:
    - https://www.asha.org/Practice/reimbursement/medicare/SLP_coding_rules/
    - Or email reimbursement@asha.org