

CLINICAL SERVICES POLICY AND PROCEDURE

NUMBER: S05-R ISSUE DATE: 306 SUBJECT: SPEAKING VALVE REVISED:

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PURPOSE:

To provide vocalization without finger occlusion for short and long term tracheostomy patients.

POLICY:

All trach speaking valve orders must be written or approved by a physician. The following guidelines should be used to provide safe and consistent patient care.

PERFORMED BY:

Respiratory Therapist.

EQUIPMENT:

Examples

- Passy-Muir trach valve #005 (white)
- Passy-Muir trach valve #007 (green) for ventilator.
- Shiley SSV Phonate

PROCEDURE:

- 1 Assess patients' medical stability, status, and readiness for capping of trach conjunction with respiratory therapy and/or physician.
- 2 Wash hands per CDC Hand Washing Guidelines.
- 3 Use Standard Contact Precautions
- 4 Identify patient using two approved patient identifiers.
- 5 Explain procedure and its effects to the patient.
- 6 Position the patient for maximum tracheal airflow.
- 7 Assure patient is on pulse oximetry/cardiopulmonary monitor with set and patent alarms as ordered
- 8 Oxygen to maintain saturations of greater than 92%, unless specified different by physician orders.
- 9 Perform baseline assessment, obtain vital signs, e.g. pulse, SpO₂, respiratory rate, skin color, work of breathing and verify oxygen concentration as indicated.
- 10 Suction any accumulated tracheal and oral secretions.
- 11 **Deflate cuff** of tracheostomy tube if cuffed tube is in place.

12. **Occlude airway with index finger before placing cap to insure adequate airflow past the tracheostomy tube into the oral cavity.** If no signs of respiratory distress are noted then place the speaking valve on tube.
13. Allow patient to become accustomed to the change in breathing sensations and observe the patient for signs of respiratory distress. Monitor the patient closely for changes in heart rate, respiratory rate, work/effort breathing, SaO₂ saturation, effectiveness of cough, ability to clear secretions, and adequacy of air flow through the trach into the oral cavity. Patient's who are coughing require close monitoring since mucous/secretions may occlude airway around tube. **Discontinue** use of speaking valve immediately if significant changes in heart rate, respiratory rate, oxygen saturation, or increased respiratory effort are noted.
14. Administer therapy per treatment plan.
15. For the first time the speaking valve is used the respiratory therapist will stay with the patient for at least 20 minutes and make sure there are no signs of intolerance.
16. At the end of the speaking valve trial, remove the valve. Reassess vital signs and replace valve in storage container.
17. Respiratory Therapist will document progress and/or difficulties, which the patient experienced while using the speaking valve and report findings to physician.
18. The speaking valve will not be used:
 - During patients sleeping hours.
 - During administration of aerosol medications.
 - If patient exhibits signs of inadequate airflow around the trach tube.
 - If the patient exhibits any signs of respiratory distress.

NOTE: The speaking valve trials should be during the day only, with the trach open to trach mask for humidity per oxygen requirements.