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/Speech
- Improved Smell & 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
FAQ – Just the Facts

1) Assessment and placement of a PMV should occur no sooner than 48 – 72 hours after a tracheostomy.

2) The PMV can be used with neonatal tracheostomy tubes.

3) You do NOT have to have a fenestrated tracheostomy tube to use a PMV.

4) After review of patient history, the following are indications that the patient is a good candidate for a PMV:
   a. The patient tolerates complete cuff deflation
   b. The patient is able to speak with tracheostomy tube occluded on exhalation.
   c. The patient coughs and expectorates through the mouth following cuff deflation and tube occlusion on exhalation.

5) 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)

6) The PMV can be used with mechanical ventilation and the PMV 007 is designed to fit in-line with mechanical ventilation.

7) 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.

8) A patient with an extra-long tracheostomy tube (XLT) is a candidate for PMV use but requires proper assessment.

9) The length of time that a PMV is worn is based on the patient’s status and team recommendations.

10) Basic parameters that should be monitored and documented before and after PMV use are:
    a. Heart rate
    b. Respiratory rate
    c. Work of breathing (WOB) and breath sounds
    d. O₂ Saturation

11) Some tips to help patients tolerate the PMV are:
    a. Prepare the patient for what to expect
    b. Allow the patient time to get used to the airflow through the upper airway
    c. Use oral exhalation and relaxation techniques

12) The PMV should be replaced as needed.

13) The PMV should be cleaned daily with a mild soap in warm water, rinsed under running warm water, and air dried.

14) For all updated Speech-Language Pathology Billing and Reimbursement Questions, please go to:
    a. https://www.asha.org/Practice/reimbursement/medicare/SLP_coding_rules/
    b. Or email reimbursement@asha.org