

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Unit: \_\_\_\_\_

Date: \_\_\_\_\_

SC=Successful Completion

USC=Unsuccessful Completion with immediate remediation

Performance Criteria	SC	USC
1. Assess patient for readiness to participate in Passy-Muir Trials (PMV) <ul style="list-style-type: none"> <li>a. Minimum 48 hours post trach placement</li> <li>b. Awake and responsive</li> <li>c. Able to tolerate cuff deflation</li> <li>d. Does not have a copious amount or very thick secretions</li> <li>e. Vital signs are stable</li> </ul>		
2. Obtain physician's order for PMV		
3. Gather equipment <ul style="list-style-type: none"> <li>a. PMV</li> <li>b. 10 cc syringe</li> <li>c. Affix warning label to pilot balloon</li> <li>d. Label storage container</li> <li>e. In-line Placement- Blue tubing and 15x22 step down adaptor</li> </ul>		
4. Educate Patient/Family		
5. Note Patient's Baseline Status		
6. Patient positioning ensures optimal tracheostomy tube positioning		
7. Suction Patient Deflate Cuff ReSuction as needed		
8. Place PMV on trach or in-line with vent (For Vent Placement – Remove HME and attach to in-line suction catheter using 15mm x 22mm step-down adapter)		
9. Ventilator Adjustments as needed (RT only) <ul style="list-style-type: none"> <li>a. Reduce or Eliminate PEEP</li> <li>b. Adjustments as needed to assure patient comfort and Stability               <ul style="list-style-type: none"> <li>o Compensation for cuff deflation as needed by increasing Tidal Volume (Vt) in small increments to achieve pre-cuff deflation pressures (PIP)</li> <li>o Use low pressure alarm as disconnect/indirect low exhaled Vt alarm (set above 10cm H2O)</li> <li>o Set high pressure limit appropriately (10 – 15cm H2O above the PIP)</li> <li>o Adjust to Pressure versus Flow trigger</li> <li>o For Pressure Support- Use E-Sense, inspiratory cycle off, or set I-time to time limit PS breath</li> </ul> </li> </ul>		
10. Monitor PMV tolerance Watch for signs of fatigue, hemodynamic changes and SPO2 changes		

11. Discontinue PMV trial if patient shows signs of respiratory distress or a significant change from baseline status		
12. Remove PMV o If in-line placement replace HME o For trach placement re-inflate cuff if necessary		
13. Adjust vent to previous settings (RT Only), and reinflate cuff		
14. Document PMV trial and patient tolerance		
15. PMV Cleaning: Wash with mild soap and warm water and place in storage container. Air dry.		
16. Clinician aware of PMV Trouble Shooting		
17. Clinician aware of PMV Contraindications O Foam-cuffed tracheostomy tube O Severe Upper Airway Obstruction o Medical Instability o Severe Aspiration Risk		

Competency successfully completed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Plan if unsuccessful demonstration:

Signature: \_\_\_\_\_ Signature of reviewer: \_\_\_\_\_