

Specialty Hospital - Tracheoscopy Speaking Valve Competency Check off

Name: _____

Job Title: CRT RRT Speech Pathologist

Date : _____

Department: Cardiopulmonary Speech Therapy

Type of Appraisal: Initial Annual

Meets Standards: Yes No

SECTION 1	SECTION 2				SECTION 3	Section 4	SECTION 5
Departmental/Job Specific Responsibilities	Appraisal Method				*LP	*PS	Comments/Plan
<p>*Levels of Proficiency (LP) Developing = 1 Competent = 2 Fully Proficient = 3 N/A = 0</p>	Observation/ Demonstration	Discussion	Cognitive Testing >80%	Chart/Document Review	Level of Proficiency	Population Served	<p>* Population Served (PS) Includes, but is not limited to, patients with: A. End of Life Issues B. Artificial Airway Management C. Limited Mobility D. Limited Mental Capacity E. Infectious Processes F. All of Above</p>
Speaking Valve (Indications for use and contraindications)							
Verbalizes benefits of the PMV	X	x				F	
Verbalizes contraindications of PMV use	x	x				F	
Demonstrates Steps Prior to PMV placement (for Non-Ventilated and Ventilated patients)							
Verifies physician order for use	x	x		x		F	
Uses two patient identifiers prior to PMV placement	x	x				F	
Provides patient education and documents teaching	x	x		x		F	
Demonstrates placement of warning label on pilot line of trach tube	x	x				F	
Observes patient's baseline status (HR, RR, SPO ₂ , work of breathing, status of oral/tracheal secretions).	x	x				F	
Ensures comfortable position (Semi-Fowler to Fowler when possible) and ensure optimal trach tube positioning.	x	x				F	
Performs tracheal and oral suctioning.	x	x				F	
Slowly deflates cuff of tracheostomy tube (if present) until completely deflated. Suction patient again if needed following cuff deflation (to remove secretions present above the cuff).	x	x				F	
Demonstrates PMV Placement on Non-ventilated Patients.							
Demonstrates assessment of upper airway patency: instruct patient to inhale through trach tube. Then manually occlude trach tube with gloved hand as you instruct patient to exhale through the mouth and nose to ensure adequate exhalation. Encourage pt to vocalize (e.g. "AH", count 1-5) to determine presence and quality of voicing.	x	x				F	
If airway is determined to not be patent, STOP procedure and do not proceed with PMV placement.	x	x				F	
If airway is patent, will proceed to PMV placement by placing PMV on hub of trach tube with a 1/4 turn to the right while maintaining trach tube stable.	x	x				F	
Verbalizes signs of respiratory distress & STOP criteria.	x	x				F	
Demonstrates PMV removal (1/4 right turn to remove).	x	x				F	
Documents usage/tolerance of PMV.	x	x		x		F	
Demonstrates PMV Placement In-line with Ventilator							
Assesses baseline SPO ₂ , HR, RR, vent settings, and alarms.	x	x				F	
Observes baseline tidal volume (Vt) and Peak Insp. Pressure (PIP) prior to cuff deflation.	x	x				F	
Reduces PEEP by 5 to reduce/eliminate autocycling.	x	x				F	
Performs slow cuff deflation.	x	x				F	

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<p>*Levels of Proficiency (LP) Developing = 1 Competent = 2 Fully Proficient = 3 N/A = 0</p>	Observation/Demonstration	Discussion	Cognitive Testing > 80%	Chart/Document Review	Level of Proficiency	Population Served	<p>* Population Served (PS) Includes, but is not limited to, patients with: A. End of Life Issues B. Artificial Airway Management C. Limited Mobility D. Limited Mental Capacity E. Infectious Processes F. All of Above</p>
Performs airway assessment: Check for significant drop in Vt and/or PIP to indicate adequate air flow through upper airway. STOP trial if there is little to no change in Vt or PIP after cuff deflation. Re-inflate cuff and return to baseline vent settings.	x	x				F	
If Vt and or PIP drop by atleast 50%, proceed with PMV placement. Place valve using 22/15 mm adapter.	x	x				F	
If PIP decreases significantly, can make increases in Vt in small increments (50 ml at a time to avoid compensation) until pre-PMV PIP is reached, chest rise is adequate.	x	x				F	
Can also adjust trigger sensitivity if needed to prevent autocycling, but still allowing pt to trigger ventilation.	x	x				F	
If pt c/o too much air blowing or is noted speaking on inhalation, time limit pressure support breaths.	x	x				F	
On 840 vent: Places vent in non-invasive mode . On 760 vent turn on speaking valve mode under menu section and accept all alarm settings.	x	x				F	
Sets low pressure alarms 5 -10 cm H2o below peak press (no lower than 10 cm H2o). Set high pressure alarm 10 above PIP.	x	x				F	
Cues pt to encourage oral exhalation, verbalization on expiration.							
Verbalizes signs of respiratory distress and STOP criteria	x	x				F	
After trial, removes valve, returns vent to previous vent setting and re-evalautes all alarms and re-inflate cuff.	x	x				F	
Documents tolerance/ usage of speaking valve.	x	x		x		F	
Verbalizes Transitioning/Troubleshooting Issues							
Need for gradual transition, PMV use for shorter periods of time, supervision. Reeducation to breathing through upper airway.	x	x					
Checks cuff to ensure complete deflation.	x	x					
Checks for proper positioning of trach tube, re-suction if needed.	x	x					
May need trach downsizing. May need upper airway assessment by physician.	x	x					
If pt with prolonged coughing, removes PMV and reassess airway patency.	x	x					
Cleaning and Disinfecting							
Verbalizes cleaning process: clean daily after use, swish speaking valve in warm soapy water, rinse with warm water, dry thoroughly before storing.	X	X				F	

Employee demonstrates knowledge of the above competencies for the population served.

Employee Signature: _____

Date: _____

Educator Signature: _____

Date: _____