

Patient Name: _____

Passy Muir Speaking Valve (PMSV) Trials

WARNING! Make sure that trach cuff is *COMLETELY DEFLATED* before placing PMSV on child.

Monitor child's respiratory rate, heart rate, oxygen saturations, and Peak Inspiratory Pressures (PIP- if child is on a ventilator) while using PMSV. Remove PMSV from child's trach tube or circuit immediately if child shows any increase in work of breathing.

Date: _____		Time: _____			
Before Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
During Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
After Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
Breath Sounds: _____					
Total Time on PMSV: _____			Clinician: _____		

Date: _____		Time: _____			
Before Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
During Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
After Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
Breath Sounds: _____					
Total Time on PMSV: _____			Clinician: _____		

Date: _____		Time: _____			
Before Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
During Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
After Trial:	RR _____	SAT _____	HR _____	PIP (vent pt) _____	_____
Breath Sounds: _____					
Total Time on PMSV: _____			Clinician: _____		

Date:	_____	Time:	_____
Before Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
During Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
After Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
Breath Sounds:	_____		
Total Time on PMSV:	_____	Clinician:	_____

Date:	_____	Time:	_____
Before Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
During Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
After Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
Breath Sounds:	_____		
Total Time on PMSV:	_____	Clinician:	_____

Date:	_____	Time:	_____
Before Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
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After Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
Breath Sounds:	_____		
Total Time on PMSV:	_____	Clinician:	_____

Date:	_____	Time:	_____
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During Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
After Trial:	RR _____	SAT _____	HR _____ PIP (vent pt) _____
Breath Sounds:	_____		
Total Time on PMSV:	_____	Clinician:	_____

Date:	_____	Time:	_____				
Before Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
During Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
After Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
Breath Sounds:	_____						
Total Time on PMSV:	_____			Clinician:	_____		

Date:	_____	Time:	_____				
Before Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
During Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
After Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
Breath Sounds:	_____						
Total Time on PMSV:	_____			Clinician:	_____		

Date:	_____	Time:	_____				
Before Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
During Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
After Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
Breath Sounds:	_____						
Total Time on PMSV:	_____			Clinician:	_____		

Date:	_____	Time:	_____				
Before Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
During Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
After Trial:	RR	_____	SAT	_____	HR	_____	PIP (vent pt) _____
Breath Sounds:	_____						
Total Time on PMSV:	_____			Clinician:	_____		