

Speaking Valve Education

- Speaking valve can be used with:
 - Trachs
 - Inline with ventilators
 - Patients of any age
- Benefits
 - Increasing vocalizations
 - Improving sense of smell and taste
 - Managing oral secretions with restored oral and pharyngeal sensation
 - Less tracheal suctioning
 - Supporting optimal feeding and language development
 - Improved core stability due to restored subglottic pressure and ability to bear down
- Contraindications
 - Use-significant upper airway obstruction
 - Copious secretions
 - Inflated cuff dependence
 - Medical instability

Key Safety Takeaways

- Speaking valve allows air to flow into the trach, but closes upon exhalation and forces exhalation through the mouth and nose
- If signs of respiratory distress while pt using speaking valve, remember to remove speaking valve as part of intervention
- If cuffed trach, cuff must be fully deflated whenever speaking valve is in use or pt CANNOT breath
- No breathing treatments when speaking valve in place
- No use of HME when speaking valve in place
- Speaking valve does not provide humidity-will need to monitor secretions and provide humidity while speaking valve in use of secretions become thicker

Referral

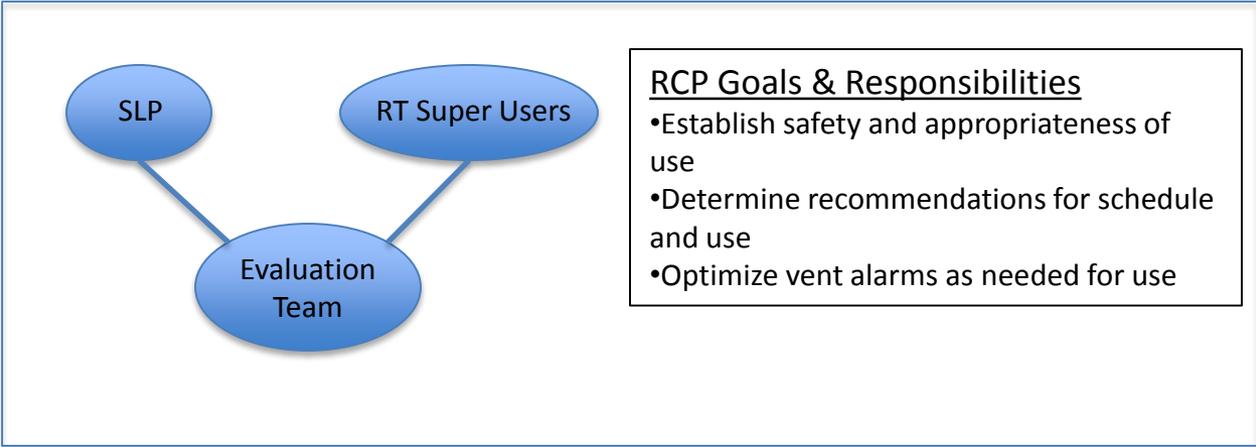


Referral made by Critical Care Team

Evaluation

Contact Initial Evaluation Team if/when:

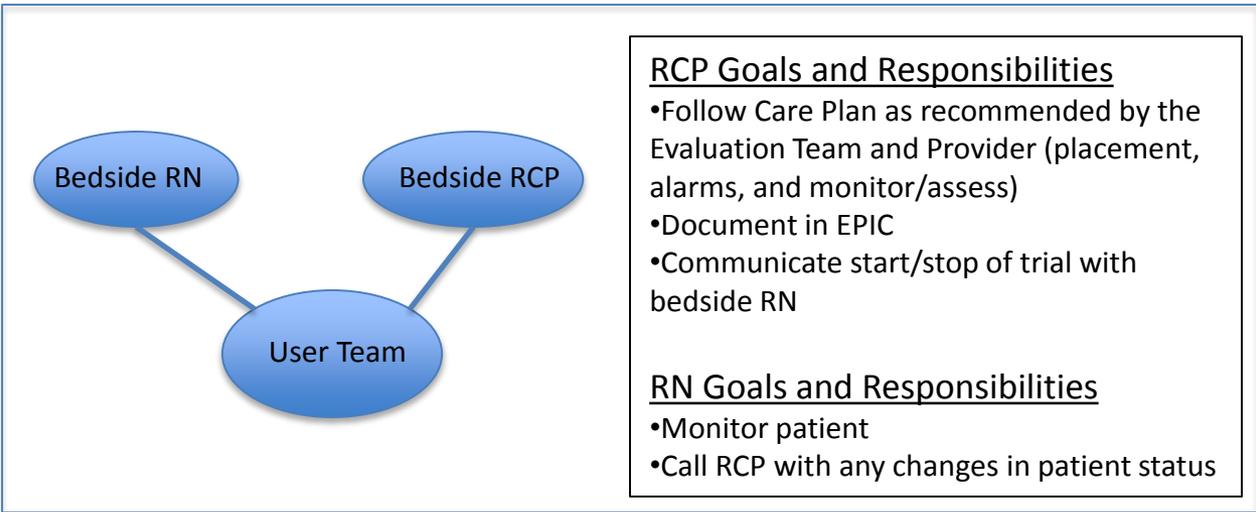
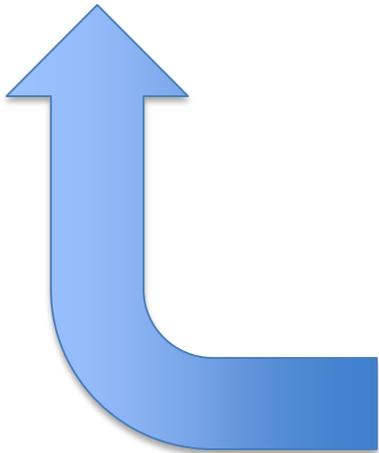
- Patient demonstrates evidence of non-tolerance
- Trach is upsized
- Patient medical status has changed outside of P&P guidelines



RCP Goals & Responsibilities

- Establish safety and appropriateness of use
- Determine recommendations for schedule and use
- Optimize vent alarms as needed for use

Daily/Prescribed Use



RCP Goals and Responsibilities

- Follow Care Plan as recommended by the Evaluation Team and Provider (placement, alarms, and monitor/assess)
- Document in EPIC
- Communicate start/stop of trial with bedside RN

RN Goals and Responsibilities

- Monitor patient
- Call RCP with any changes in patient status