



Homecare Challenges: Foundational Knowledge for Speaking Valve Use with Tracheostomies and Mechanical Ventilation

Why would the patient go home?

- Comfort
- Prevent infections
- Safe and secure
- Growth and development
- Rehabilitation
- Cost effectiveness

Easing the transfer and admission

- Coordination with the discharging facility
- Tracheostomy and ventilation history and current status
- Insurance coverage
- Transportation
- Medical equipment and home readiness
- Caregiver support
- Homecare services and disciplines ordered

Bedside setup

- Resuscitation bag
- Suction source and catheters
- Spare tracheostomy tube
- Spare inner cannula
- Obturator
- Syringe
- Stoma pad or hydrophilic dressing
- Speaking Valve and container
- Emergency instructions
- PPE

Clinician roles

- Respiratory therapist (RT)
 - Clinical assessment and care
 - Home evaluation
 - Safe and clean patient care area
 - Vent and O₂ management
 - Secretions
 - Trach care
 - Prevent respiratory infections
 - Educate

- Speech-language pathologist (SLP)
 - Home evaluation
 - Education and support
 - Tracheostomy team liaison
 - Provide clinical assessment and treatment
 - Dysphagia
 - Voicing and communication
 - AAC
 - Secretions
 - Cough
 - PMV

Ventilator application with RT and SLP

RT	SLP
<ul style="list-style-type: none"> • Locate adapters for PMV • Suction • Verify vent settings & vitals • Adjust PEEP-prior to cuff deflation • Set appropriate alarms • Verify decrease in Vte • Place the PMV • Adjust vent settings • Monitor 	<ul style="list-style-type: none"> • Suction • Oral care • Verify vent settings & vitals • Slowly deflate the cuff • Confirm decrease in Vte • Place the PMV • Allow time to acclimate to airflow • Cue breathing • Monitor

Telehealth

- Improve self-management
- Limited access to services
- Follow-up care
- Troubleshooting
- Verify patient stability

KEY POINTS/NOTES


