

Speaking and Swallowing Valve Competency

NAME: _____

JOB TITLE: RT SLP OT PT Tech RN PCA

DATE: _____

TYPE OF REVIEW: Initial Annual

Section 1	Section 2			Section 3	Section 4
Responsibilities	Appraisal Method				Comments/Plan
<p>LEVELS OF PROFICIENCY 1 = Developing 2 = Competent 3 = Proficient 0 = N/A</p>	Observation/Demonstration	Discussion/Explanation	EMR Review	Level of Proficiency	
Valve Basics					
List airway management techniques					
*Identify components of trach					
*State benefits of use					
*State contraindications					
*State criteria for candidacy					
Demonstrate tracheal suction					
State s/s of respiratory distress and STOP criteria					
Demonstrates understanding of process to placement					
Verify MD order					
Utilize patient identifiers					
Provide and document patient education					
Place warning label					
Assess VS pre, peri and post					
Ensure optimal positioning of patient and trach					
Perform oral/tracheal suctioning ad lib					
Deflate cuff (if present)					
*Place/remove valve					

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Demonstrates basic valve application					
Evaluate upper airway patency					
*If airway compromised, STOP					
*Place valve on hub	Skill must be demonstrated				
State cues to encourage phonation upon exhalation					
*Demonstrate valve removal	Skill must be demonstrated				
Document encounter and tolerance					
Demonstrates inline valve application					
Note vents setting					
Evaluate upper airway patency					
State application process: suction, deflate, apply					
Perform oral/tracheal suctioning ad lib					
State cues to encourage phonation upon exhalation					
State conclusion process: remove valve, inflate cuff, return vent settings					
Document encounter and tolerance					
Transitioning/Troubleshooting					
*Check cuff for complete deflation					
Consider trach downsizing					
*Reposition patient					
*Modify tube positioning					

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Transitioning/Troubleshooting Continued					
*Provide additional suction					
Consider ENT consult					
Cleaning and Maintenance					
*Clean after daily use					
*Rinse with warm, soapy water					
*Store in designated container					
Remove during breathing treatments					
*Do not use alcohol or antibacterial agent					

*Indicates basic skills required for basic valve use

Employee demonstrates knowledge and skills of the aforementioned competencies for the population served at this facility: Yes No

Employee Signature: _____

Date: _____

Evaluator Signature: _____

Date: _____