

PROBLEM

TIPS & TROUBLESHOOTING

Excessive coughing:

1. Use slow cuff deflation.
2. Cue patient to clear secretions orally or suction again.
3. Remove Valve and check for complete cuff deflation.
4. Check tracheostomy tube alignment and body positioning.
5. Consider tracheostomy downsize or different tracheostomy tube type.
6. Introduce Valve slowly – seconds of wear at a time.
7. If coughing persists, consider ENT consult.

Honking noise with Valve use:

1. Clean the Valve according to manufacturer's instructions.
2. If no improvement:
 - a. Work with the patient on how to breathe with the Valve,
 - b. Work on controlled exhalations,
 - c. Address respiratory support for breathing and speech,
 - d. Present relaxation techniques,
 - e. Or try other methods to normalize respirations.
3. Intermittent honking may require an ENT evaluation to assess vocal fold function or for airway anomalies.
4. Consider tracheostomy tube size and potential for downsizing.
5. If honking occurs after extended use of the Valve and cleaning does not work, consider replacing the valve.

Limited or strained voicing, with decreased airflow through the upper airway:

1. Remove the Valve and assess factors affecting airway patency.
2. Ensure cuff is completely deflated.
3. Check tracheostomy tube alignment and body positioning.
4. Suction again, if needed.
5. Consider tracheostomy tube downsize or different type.
6. Consider ENT consult.

Weak cough or voicing, with good airflow through the upper airway:

1. Check the patient's position for good breath support.
2. Assure the position of the tracheostomy tube is in alignment.
3. Consider respiratory muscle strength training (RMST) to improve breath support.
4. Consult SLP for assessment, if not working with the patient.
5. Consider ENT consult for assessment.

Air leak around stoma during Valve use:

1. Consider silicone stoma pad.
2. Consider a hydrophilic dressing.

Good airway patency, but difficulty saturating:

1. Consult RCP.
2. Consider low flow supplemental oxygen via humidified nasal cannula.
3. Work with the patient on breathing techniques to increase deep breathing and coordination of respiration and speech with appropriate pausing.

Back pressure noted with Valve removal:

1. Stop Valve use and reassess airway patency.
2. Consider evaluating airway patency by measuring transtracheal pressure (TTP) with manometry.
3. Assess patient for anxiety, stress, or tension as potential causes.
4. Consider tracheostomy downsize or different type.
 - a. Consider a TTS (tight to shaft cuff) tracheostomy tube.
5. If no improvement, consult ENT to evaluate cause.