SLT PMV in-line MDT Ventilator Guidelines

Troubleshooting

Problem	Cause	Solution
On cuff deflation, no or poor airflow past tracheostomy into mouth/ nose as indicated by insufficient VTe drop and insufficient change in Ppeak/PIP.	Reduced space around the tracheostomy as tube too large or airway obstruction (e.g. stenosis, oedema, granulation tissue)	Consider changing the tube to a smaller tracheostomy tube +/- fenestrated tube Consider referral to ENT to out rule out airway obstruction or an anatomical anomaly.
An increase in work of breathing when PMV	Cuff remains inflated. Reduced space around tracheostomy tube as too large or airway obstruction present. Note this problem may be also indicated by back pressure resulting from air trapping (swoosh of air out of tracheostomy when PMV removed) or an increased Ppeak/PIP post PMV placement. Poor respiratory reserves. Excessive secretions and/or difficulty swallowing	Remove PMV and ensure cuff fully deflated with syringe. Consider changing the tube to a smaller tracheostomy tube +/- fenestrated tube. Consider bronchoscopy or referral to ENT to rule out airway obstruction or an anatomical anomaly. Liaise with PT, build up time gradually, monitoring work of breathing.

	Anxiety End-stage pulmonary disease e.g. COPD	Encourage patient to cough and clear into mouth or swallow. Remove speaking valve and suction if necessary. Reassure and explain procedure fully to patient. Re-trial when patient comfortable to do so. May be physiological due to loss of lung compliance.