Name:
MRN:
Date:

Speech and Language Therapy
Non-Ventilated Tracheostomy Weaning Plan

Tallaght University Hospital

Cuff Deflation Regime

☐ Portex

☐ Shiley

Size _____

☐ Subglottic port
☐ XLT
☐ Cuffed
☐ Uncuffed
☐ Fenestrated
☐ Non- fenestrated

Time	Frequency
_____mins/hours	____ times/day

Note _____

- Please monitor for ↓SpO_2, ↑RR, ↑Secretions → re-inflate cuff

One-Way Passy Muir Valve (PMV)

☐ PMV 007

☐ PMV 2001

☐ PMV 2000

Time	Frequency
_____mins/hours	____ times/day

Note _____

- Please monitor for ↓SpO_2, ↑RR, ↑Secretions → remove PMV.
- **DO NOT** wear if cuff is inflated, on nebuliser or when sleeping.
- Clean the PMV daily according to manufacturer guidelines.

SLT: **Date:** **Bleep**: