

**POLICY AND PROCEDURE MANUAL
RESPIRATORY THERAPY DEPARTMENT
SECTION 4: THERAPEUTICS**

POLICY #: TH-34

**PASSY-MUIR VALVES
(SPEAKING VALVES)**

OBJECTIVE:

- To facilitate speech in the tracheostomy and tracheostomized ventilator dependent resident.

POLICY:

Passy-Muir Valves known as PMV or speaking valve will be administered by the Speech Language Pathologist, Respiratory Therapist and/or Nurse. All personnel above must familiarize themselves with the PMV handbook prior to usage.

EQUIPMENT:

Types of Speech Valves:

- 005 (white) used with non-ventilator residents
- 007 (aqua) used within the ventilator circuit for ventilator dependent residents
- 2000 (purple) low profile used with non-ventilator dependent tracheostomy residents

PROCEDURE:

For Ventilator Residents:

1. Check physician's order
2. Explain procedure to the resident
3. Check airway patency
4. Open sealed zip-lock bag and attach 4: - 6" wide bore tubing to PMV 007
5. Deflate cuff (assure that the resident is stable – no distress or excessive coughing – suction if needed)
6. Insert 4" – 6" wide bore tubing with PMV within the ventilator circuit (closest to the tracheostomy tube after exhalation valve and HME filter).
7. Note oxygen saturation prior and post placement of PMV
8. Speech Therapist will assess for phonation.
9. Monitor peak inspiratory pressure
10. Monitor resident's color
11. Monitor for enlarged tracheal stoma site for leakage and poor or low phonation.
12. Monitor for any change in oxygen saturation. Vital signs and increase work of breathing
13. Speech Therapist will assess for appropriate therapy and make recommendations
14. Adjust alarms to appropriate settings while utilizing PMV speaking valve.

NOTE: ONLY use in the assist/control mode while using the PMV in conjunction with ventilator support and increase VT if applicable.

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POLICY #: TH-34 (Continued):

PROCEDURE (Continued):

15. Remove PMV when therapy or appropriate hours are reached.
16. Adjust ventilator alarm and VT back to appropriate settings (if applicable).
17. Follow cleaning and storage policy.

For Non-Ventilator Tracheostomy Residents:

1. Check physician's order
2. Explain procedure to the resident
3. Open sealed PMV zip-lock bag
4. Deflate cuff or use cuffless trach tube
5. Place appropriate PMV on trach tube
6. Check oxygen saturation
7. Check for phonation
8. Monitor for any change in O₂ saturation, vital signs and increase work of breathing
9. Speech Therapist will assess appropriate therapy and make any recommendations.

NOTE: If resident has a cuffless trach (CFN/DCFN); the green fenestrated inner cannula should be used.

10. Remove PMV when therapy or appropriate hours are reached
11. Follow cleaning and storage policy.

Cleaning and Storage for PMV:

1. Swish PMV in warm soapy water
2. Rinse thoroughly with warm water
3. Allow PMV to air-dry thoroughly before placing in storage zip-lock bag or container.

The following areas must be assessed prior to use:

1. Cognitive status (awake and responsive)
2. Medical and pulmonary status
 - Vital signs
 - O₂ saturation
 - Resident reaction
 - Work of breathing
 - Airway patency
 - Breath sounds
 - Position of tracheostomy tube
 - Psychological and motivational issues
3. Ability to tolerate cuff deflation
4. Secretion management

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POLICY #: TH-34 (Continued):

PROCEDURE (Continued):

5. Swallowing
6. Airway patency
7. Lung compliance
8. Level of care

RESPONSIBILITY:

- Speech Language Therapist, Respiratory Therapist and/or Nurse will be responsible to administer the PMV to the resident and should familiarize themselves with the Passy-Muir instruction booklet.

CONTRAINDICATIONS:

1. Unstable medical or pulmonary status
2. Unstable vital signs
3. Airway obstruction
4. Increase work of breathing
5. Increase secretion
6. Psychological and motivational issues

If the resident has any of the above indications then the PMV should not be administered.

