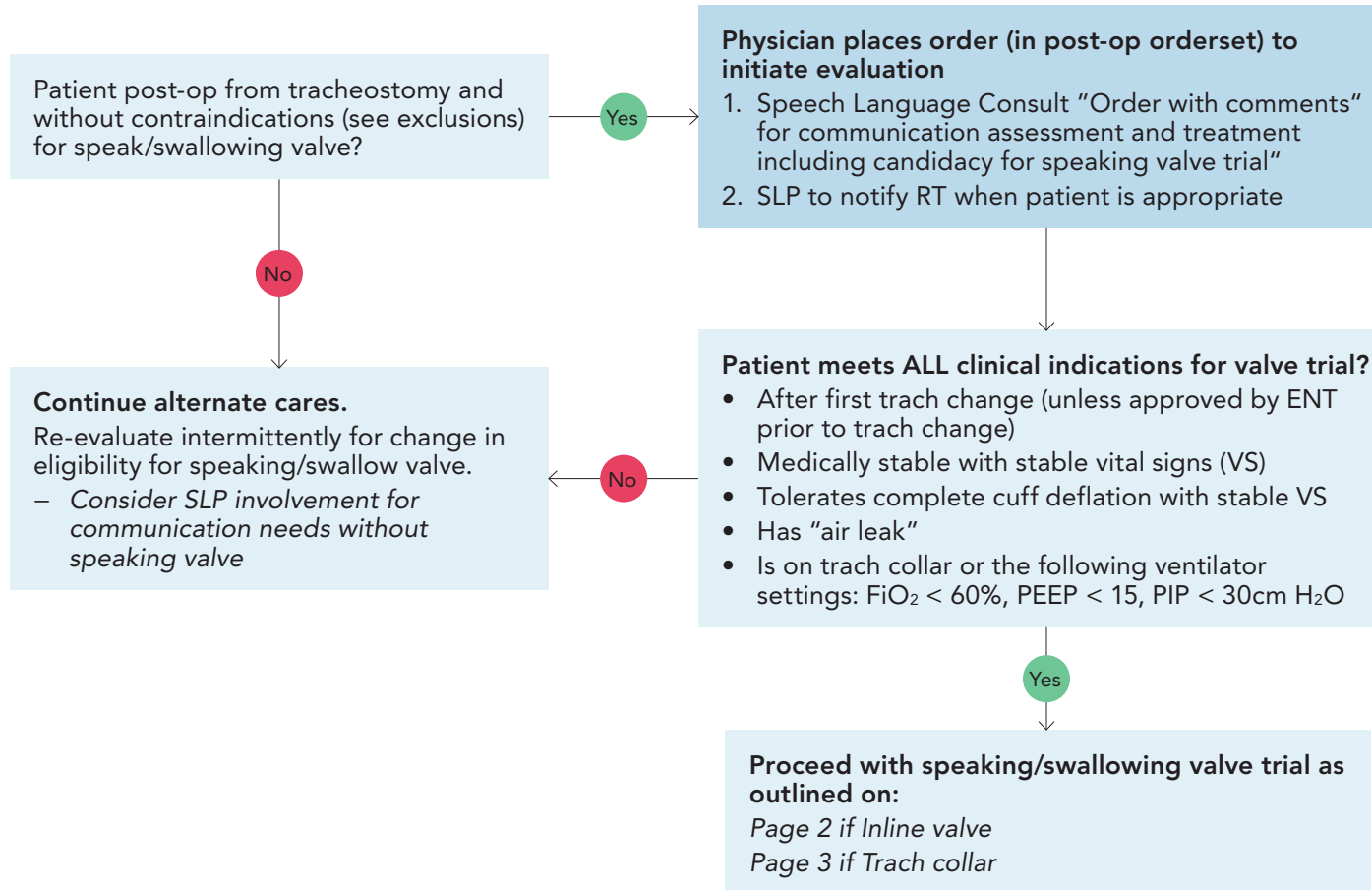


Aim: To standardize process for speaking and swallowing valve rehabilitation.

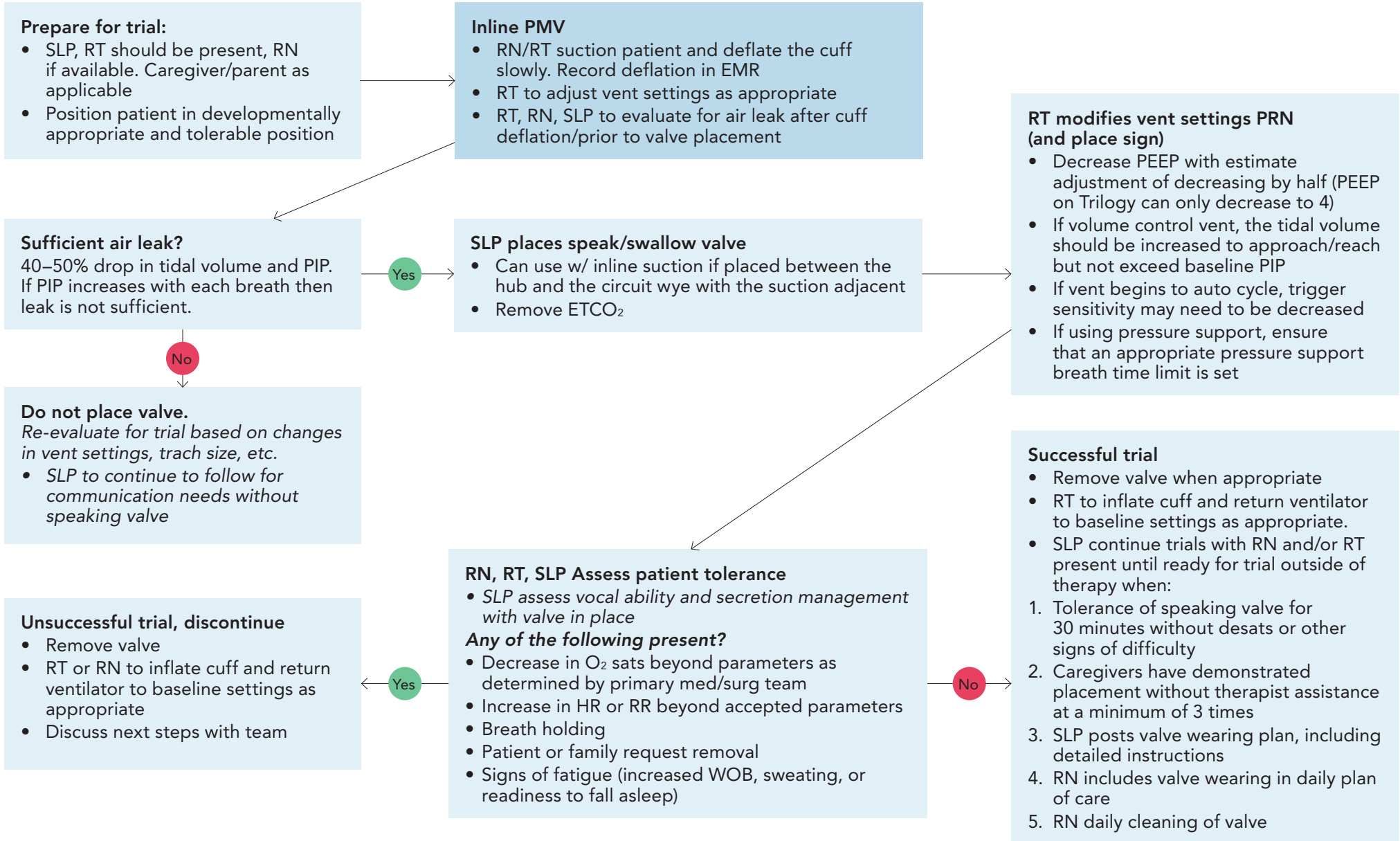


EXCLUSION GUIDELINES

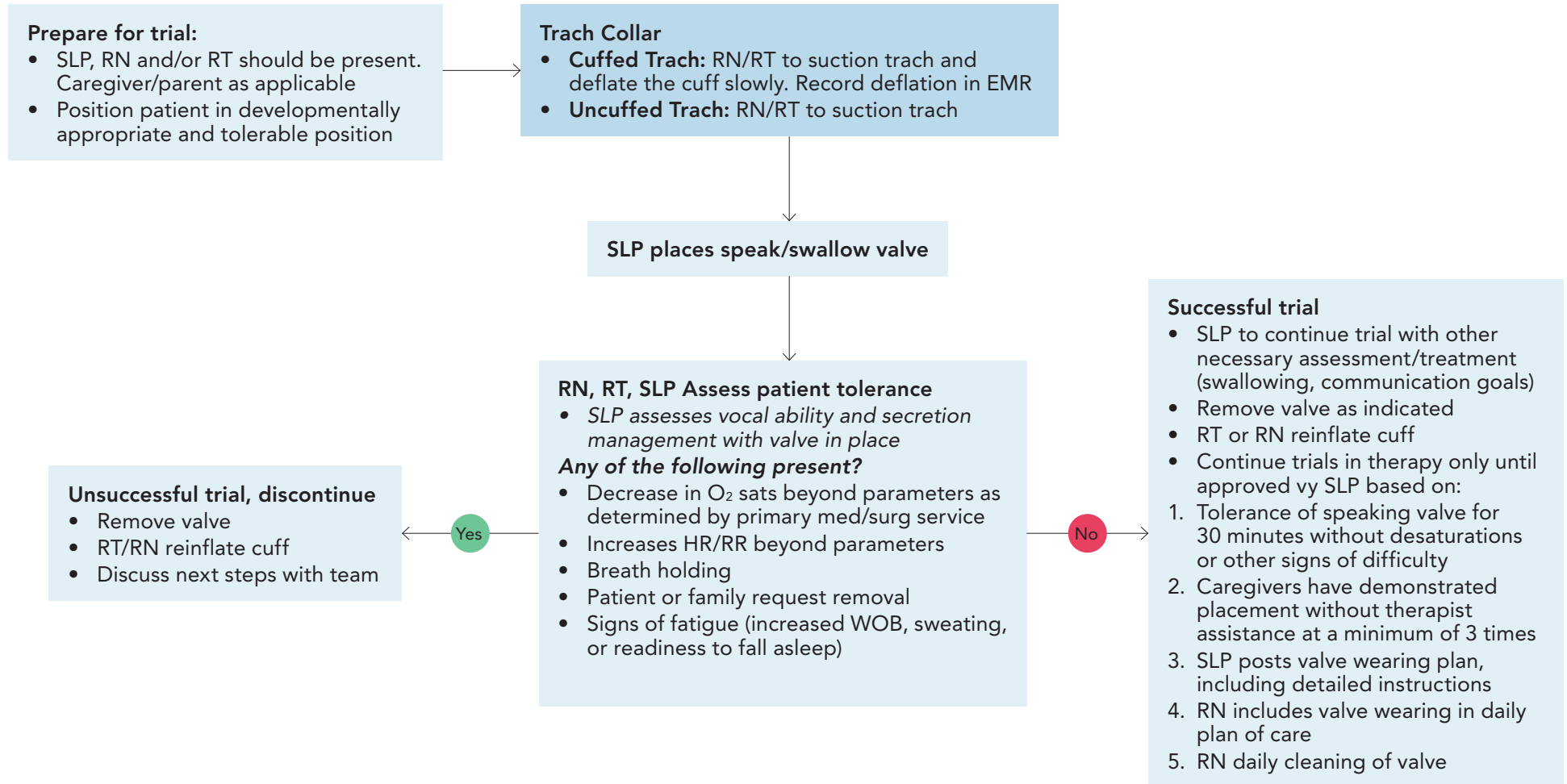
Patients **excluded** from this guideline:

- Patient has a foam-cuffed tracheostomy tube
- Patient is unable to tolerate cuff deflation
- Severe upper airway obstruction
- Significantly impaired swallow as determined by the treating SLP
- Patient is asleep or unable to maintain alert and engaged state
- Use of any specialty gases (nitric, helium, nitrous, nitrogen, etc)
- ENT or medical team determines patient not a candidate

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NOTE 1**Benefits of speaking/swallowing valve include:**

- Restoration of the physiological PEEP
- Restoration of voice
- Improved sense of smell and taste
- Improved swallowing
- Improved secretion management
- Improved bonding with caregiver
- Improved overall development and quality of life
- Assists with weaning by getting used to air flow through the upper airway, therefore, facilitate more normal breathing and muscle training
- Demonstrated to expedite weaning from the ventilator and tracheostomy tube

NOTE 2

The speaking and swallowing valve will be stocked by respiratory therapy department.

NOTE 3

SLP must hold speaking and swallowing valve competency in order to initiate and continue speaking and swallowing valve trials.

NOTE 4**Team roles and responsibilities**

- RN/RT to be present at onset and conclusion of all speaking valve trials to perform the following duties: inflate/deflate cuff, suction patient, make respiratory support changes and adjust alarm settings to ensure patient safety. Ensure that there is a functional disconnect alarm. Patient should be connected to appropriate alarm monitoring for minimal spO₂ and HR monitoring.
- RT: If vent settings are changed for the speaking valve, RT will place a sign on the vent when speaking valve is inline to remind all staff that settings are different due to valve use and settings must be returned if valve is removed.
- SLP: Once patient deemed appropriate for speaking valve use without SLP present, SLP to post wearing plan, including detailed instructions. Nursing to include length of wear times in daily plan of care as appropriate.
- RN/RT/SLP: If patient shows readiness to fall asleep at any time with speaking valve in place, the speaking valve will be removed to ensure patient safety.
- RN: Daily cleaning and maintenance of valve.
- SLP: Train caregivers/family members. Only those who demonstrate competence can place the speaking valve on the patient.
- Medical/surgical team to determine appropriate RN: patient staffing ratio (e.g. 1:2) to support valve when approved for use outside of speech therapy/trial phase (e.g. when valve is in regular use) depending on patient age, caregiver presence, and other factors (e.g., ability to independently remove speaking valve).

NOTE 5**Maintenance and cleaning of speaking valve**

The speaking valve should be cleaned daily by RN/therapist/caregiver with mild soap and warm (not hot) water. Rinse thoroughly and allow the speaking valve to air dry and never put in container until fully dried. Do not clean with hot water, peroxide, bleach, vinegar, alcohol wipes, brushes, cotton swabs or microwave steam bags as it will damage the speaking valve. Cleaning sign will be posted in patient room. Do not use during aerosol/nebulized medication administration and/or any airway clearance modalities.