

Passy-Muir Speaking Valve (PMV)



The Passy-Muir® Tracheostomy Speaking Valve allows your loved one with a tracheostomy to potentially voice and produce speech sounds. It is a one-way valve that connects to the tracheostomy tube. The valve opens during inspiration to allow air to go into the lungs and then closes during expiration and forces air up through the vocal cords to allow for potential voicing and/or production of speech sounds.

Patient may wear PMV (note duration and frequency): _____.



Advantages of the Speaking Valve

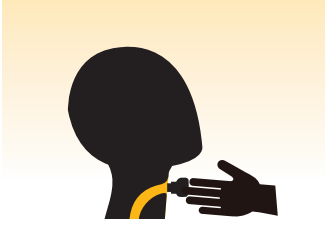
- Improves speech
- Improves swallowing
- Decreases secretions which can reduce the amount of suctioning needed
- Improves smell
- Increases taste
- Improves quality of life
- Directs air flow through the mouth and nose which can make it easier for your loved one to cough up secretions



How to Use the Speaking Valve

- If needed, clear tracheal and oral secretions by suctioning prior to placing the speaking valve on the trach tube. It may not be possible to safely use the valve if he/she has a lot of secretions or has very thick secretions.
- If he/she has a cuffed trach, the cuff must ALWAYS be deflated prior to PMV use. ALWAYS check with your doctor, speech-language pathologist (SLP), and/or respiratory therapist (RT) before deflating the cuff and/or placing the PMV.
- Before placing the PMV on the trach, attach the valve to the velcro strap on the trach collar using the clear attachment strap provided with the PMV. The clear strap prevents the PMV from falling onto the floor when your loved one produces a strong cough.
- Once the attachment strap is attached to the trach collar, place the PMV onto the trach.
- To remove the valve, twist the valve gently to the right while holding the trach plate with your other hand. To prevent the inner cannula from being unlocked, it is important to turn to the right and not to the left.
- Monitor oxygen saturations and heart rate with a pulse oximeter, as needed. Ask your SLP or RT if monitoring is necessary when the PMV is in place.

(over)



When to Remove the Speaking Valve & Special Considerations

- Remove the speaking valve when oxygen saturations go below 93%, or if your loved one's heart rate increases >10 bpm higher than his/her resting heart rate.
- Remove the speaking valve if you notice your loved one is breath stacking or if you hear a buildup of air pressure at the site of the speaking valve. You can check for breath stacking by removing the PMV approximately 10 seconds after placement and listening for a "whoosh" of air. Breath stacking indicates your loved one is unable to get all of the inhaled air around the trach for expiration and, therefore, air gets trapped or "stacked" with each breath.
- Remove the speaking valve if you notice your loved one is demonstrating signs of respiratory distress such as facial redness, shortness of breath, increased frequency of breathing, abnormal posturing and/or during storming episodes. Storming, or excessive and uncontrolled activation of the sympathetic nervous system, is suspected if your loved one is excessively sweaty, has a high heart rate (>100 beats per minute), has a rapid respiratory rate (>18 breaths per minute) and/or has high blood pressure (>120/80 mmHg).
- Remove the speaking valve when suctioning is needed.
- Remove the speaking valve when your loved one is sleeping.
- Remove the speaking valve during aerosol breathing treatments. If it is accidentally left on, remove the speaking valve and rinse it to remove any medications that could cause the valve to stick or not work properly.
- Humidifiers can be used with the speaking valve in place.
- Oxygen can be given with the speaking valve in place.
- The valve may occasionally pop off. If this happens, simply replace it.



Cleaning

- Instructions are written on the inside lid of the PMV container.
- Clean daily while your loved one is sleeping.
- Wash in warm water with a fragrance-free mild soap (e.g. Dawn).
- Rinse thoroughly with warm water.
- Allow the speaking valve to air dry completely. It is important that you do not close the lid of the container while using it to dry the valve.
- Do not use the following items for cleaning because they can damage the valve:
 - Hot water, harsh chemicals, peroxide, bleach, vinegar, alcohol, brushes, towels or q-tips



Replacing the Speaking Valve

- If the valve makes noise or sticks and it is less than 2 months old, clean the valve again using the cleaning instructions described above.
- The valve should be replaced after 2 months of use or if it becomes sticky, noisy or begins to vibrate.
- Contact your doctor, speech-language pathologist, respiratory therapist, and/or case manager when the valve needs to be replaced or if you have any questions.

<http://www.passy-muir.com/>

Dickinson, H. (2012). Maintaining oral health after stroke. *Nursing Standard*, 26(49), 35-39

Langmore, S.E., Terpenning, M.S., Schork, A., Chen, Y., Murray, J.T., Lopatin, D., & Loesche, W.J. (1998). Predictors of aspiration pneumonia: How important is dysphagia? *Dysphagia*, 13:69-81