

Passy Muir Valve (PMV) in-line with ventilator with ventilator

Patient's details:

UR: _____

Surname: _____

Given Name(s): _____

Date of birth: _____

Affix Patient Label Here

Clinical Instruction Sheet

Austin Health

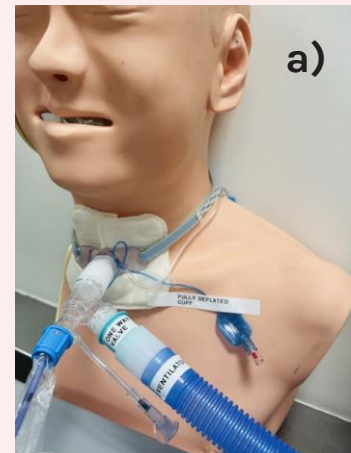
Note: This is a supporting document only. Clinicians are advised to refer to OPPIC Clinical Procedure: Scheduled Use Of Speech Methods In Invasively Ventilated Tracheostomised Patients

Clinical Alerts:

- If you have not previously performed this procedure or are not confident, please request a CNS or trained senior staff member perform it with you
- This is a 2-person procedure
- The tracheostomy cuff must be COMPLETELY DEFLATED prior to placing the PMV

Procedure:

1. Explain the procedure to the patient
2. Note baseline: HR, breathing pattern, RR, PIP & SpO₂
3. Adjust the ventilator settings as documented by the Physiotherapist or Medical staff. For ward patients, refer to the relevant *Ventilator Order Sheet*. For ICU patients, refer to Cerner documentation and/or *M34 Physiotherapy Form*.
4. If a subglottic suction port is present, remove above cuff secretions & suction the mouth
5. Suction via tracheostomy
6. Using a 10ml syringe, slowly deflate the cuff & suction the tracheostomy tube
7. Ensure the cuff is completely deflated
8. Encourage the patient to clear their throat, swallow & suction via mouth or tracheostomy if required.
9. Place the PMV in-line with the ventilator circuit. If the patient is ventilator-dependent, consider manually ventilating (e.g., Air Viva) whilst attaching the PMV in-line circuit
10. Assess patient tolerance of cuff deflation, adjusted ventilator settings & PMV in-line circuit
11. Ensure the patient can voice clearly & comfortably
12. Once the scheduled time is completed, or earlier if the patient shows signs of respiratory distress / fatigue:
 - Remove the PMV & replace original tracheostomy flex connector
 - Reinflate cuff and check cuff pressure
 - Return to original ventilator settings



PMV in-line circuit with
a) Dual limb circuit with in-line suction
b) Single limb circuit with active exhalation valve

Contact

Speech Pathologist : _____

Physiotherapist: _____

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