

The Passy Muir® Valve FAQ Challenge

Learning Outcomes

- Describe the bias-closed position Passy Muir® Valve (PMV) and explain how a proper upper airway assessment is key to its successful use.
- Explain how an extra length tracheostomy tube may affect patient tolerance of the Passy Muir Valve.
- State the two most common reasons why a patient may not be a candidate for the Passy Muir Valve.

Outline

- Review of the Design of the Passy Muir Valve
- Clinical Benefits of the Passy Muir Valve
- Patient Selection
- Assessment and Placement
- Transitioning and Treatment
- Care, Cleaning and Lifetime
- Ordering and Billing
- Bonus Questions
- Questions from the Audience

How the Valve works:

- Opens only during active inspiration
- Closes at end inspiration
- Remains closed throughout the expiratory cycle
- Air is re-directed through the upper airway
- Offers a buffer to secretions
- The ONLY bias-closed position “no leak” valve

Benefits of the Passy Muir® Valve

- Improved Voice/Speech
- Improved Smell & Taste
- Improved Swallow
- May Reduce Aspiration
- Improved Secretion Management
- Restored Positive End-Expiratory Pressure (PEEP)
- Improved Oxygenation
- Improved Quality of Life
- Expedites Weaning and Decannulation

FAQ – Just the Facts

- 1) Assessment and placement of a PMV should occur no sooner than 48 – 72 hours after a tracheostomy.
- 2) The PMV can be used with neonatal tracheostomy tubes.
- 3) You do NOT have to have a fenestrated tracheostomy tube to use a PMV.
- 4) After review of patient history, the following are indications that the patient is a good candidate for a PMV:
 - a. The patient tolerates complete cuff deflation
 - b. The patient is able to speak with tracheostomy tube occluded on exhalation.
 - c. The patient coughs and expectorates through the mouth following cuff deflation and tube occlusion on exhalation.
- 5) If an adult patient has a size 6.0 cuffed tracheostomy tube, any PMV would be appropriate except the PMV 2020 (as it is for the improved, metal Jackson tracheostomy tubes)
- 6) The PMV can be used with mechanical ventilation and the PMV 007 is designed to fit in-line with mechanical ventilation.
- 7) It may be difficult for a patient to tolerate a PMV if cuff deflation is not tolerated, tracheostomy tube size is inappropriate, upper airway obstruction exists, or the patient has unmanageable secretions.
- 8) A patient with an extra-long tracheostomy tube (XLT) is a candidate for PMV use but requires proper assessment.
- 9) The length of time that a PMV is worn is based on the patient's status and team recommendations.
- 10) Basic parameters that should be monitored and documented before and after PMV use are:
 - a. Heart rate
 - b. Respiratory rate
 - c. Work of breathing (WOB) and breath sounds
 - d. O₂ Saturation
- 11) Some tips to help patients tolerate the PMV are:
 - a. Prepare the patient for what to expect
 - b. Allow the patient time to get used to the airflow through the upper airway
 - c. Use oral exhalation and relaxation techniques
- 12) The PMV should be replaced as needed.
- 13) The PMV should be cleaned daily with a mild soap in warm water, rinsed under running warm water, and air dried.
- 14) For all updated Speech-Language Pathology Billing and Reimbursement Questions, please go to:
 - a. https://www.asha.org/Practice/reimbursement/medicare/SLP_coding_rules/
 - b. Or email reimbursement@asha.org