

VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)

CLINICAL PRACTICE RECOMMENDATIONS TRACHEOSTOMY SPEAKING VALVES

I. BACKGROUND

VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of recommendations for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group with input from selected clinicians with expertise in speech devices convened to recommend a policy regarding selection of tracheostomy speaking valves.

Tracheostomy causes aphonia, (the inability to create voice), due to the inability of adequate air to flow through the vocal cords and create sound. This inability to speak orally and communicate information, particularly important health information, along with the need for protection of the respiratory system, are indicators for the need of tracheostomy speaking valves. Tracheostomy can also affect an individual's ability to swallow safely. There are a small number of tracheostomy speaking valves commercially available to speech-language pathologists (SLPs), physicians, pulmonologists, and respiratory therapists (RTs).

II. POLICY

The purpose of these clinical practice recommendations is to assist speech-language pathologists in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective prescribing.

III. CLINICAL PRACTICE RECOMMENDATIONS/MEDICAL CRITERIA

- A. In order for VA to provide a veteran with a tracheostomy speaking valve, the following criteria must apply:

Patient Participation

1. Veteran is willing and interested in obtaining a tracheostomy speaking valve to communicate orally.
2. Veteran is alert and cognitively aware of his surroundings.
3. Veteran is able to understand instructions regarding tracheostomy speaking valves and its use.
4. Veteran (or significant other/caregiver) is able to demonstrate the ability to place, use, remove and maintain tracheostomy speaking valve.

Clinical Participation

Veteran must have documentation of tracheostomy in the VA medical record.

B. Special attention should be paid to:

1. Veterans with cuffed and/or fenestrated tracheostomy tubes. Tracheostomy speaking valves are contraindicated for individuals with inflated cuffs (who can not tolerate cuff deflation), and patients may develop granulomas with fenestrated tracheostomy tubes.
2. Veterans requiring ventilator-support for respiration. A team approach is recommended when attempting tracheostomy speaking valve placement on patients requiring ventilator support. The team should minimally include a respiratory therapist and a speech-language pathologist.
3. Veterans with compromised respiratory conditions, such as Chronic Obstructive Pulmonary Disease (COPD), emphysema, and lung cancer may require additional monitoring to ensure adequate oxygen saturation, work of breathing and vital signs.

C. In general, tracheostomy speaking valves would not be provided to:

1. An individual with an endotracheal tube.
2. Veterans with foam-filled cuffed tracheostomy tubes.
3. Veterans with severe airway obstruction.
4. Veterans who are unconscious or comatose.
5. Veterans with an inflated tracheostomy tube cuff.
6. Veterans with thick and or copious secretions.
7. Veterans with severely reduced lung elasticity.

D. Prior to receiving a tracheostomy speaking valve:

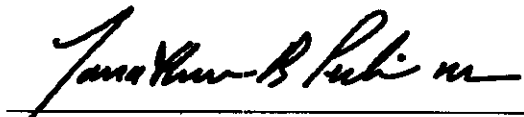
1. The speech-language pathologist will obtain a consult, order or prescription from a physician for a tracheostomy speaking valve.

2. The speech-language pathologist will evaluate the patient for appropriateness of tracheostomy speaking valve by:
 - a. Identifying physical, intellectual and psychosocial factors that contraindicate or complicate the successful outcome of the speaking valve.
 - b. Discussing all aspects of speaking valve with patient and significant other.
- E. Upon receipt of tracheostomy speaking valve:
 1. Speech-language pathologist will ensure tracheostomy speaking valve is functioning correctly.
 2. Speech-language pathologist will teach patient and/or significant other to use and maintain the tracheostomy speaking valve.
 3. Veteran and/or caregiver will receive documented instruction (verbal and/or written) on the use and care of the device.

IV. APPLICABLE LITERATURE

- A. American Speech-Language-Hearing Association. (1993). Position statement and guidelines for the use of voice prostheses in tracheotomized persons with or without ventilatory dependence. *Asha*, 35, (Suppl.10); pp.17-20.
- B. Fornataro-Clerici, L. and Roop, T.: *Clinical Management of Adults Requiring Tracheostomy Tubes and Ventilators*. Gaylord, MI: Northern Speech Services, (1997).
- C. VanDahm, K. and Sparks-Walsh, S.: *Tracheostomy Tubes and Ventilator Dependence in Adults and Children: A Handbook for the Speech-Language Pathologist*. Bisbee, AZ: Imaginart, (2001).

APPROVED / DISAPPROVED:


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JUN 18 2004

Date