

Speaking Valve for Tracheostomy

IMPORTANT:

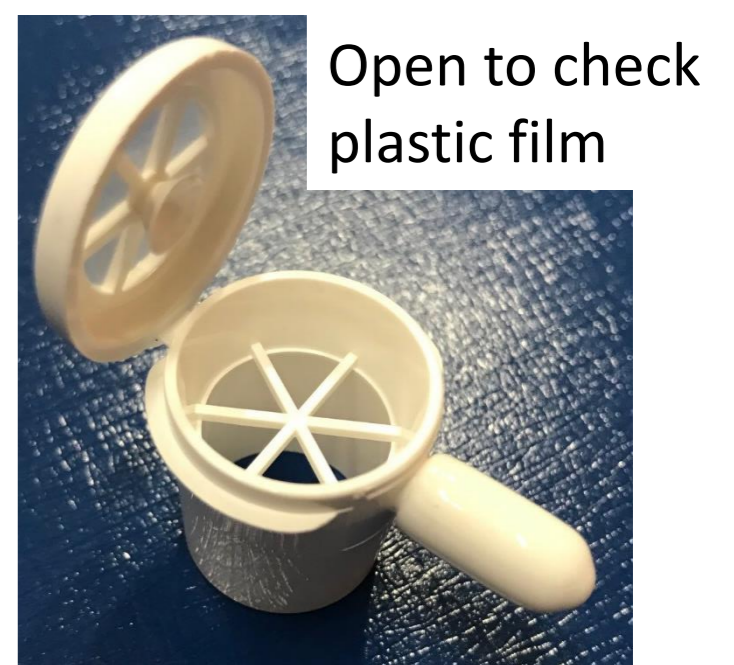
- Use **ONLY** when patient needs or wants to communicate
- Remove when patient is resting or sleeping

Use of Speaking Valve

1. Insert the white inner cannula and suction tracheostomy and mouth/throat (if needed).
2. After suctioning, remove the white inner cannula and replace with **GREEN** inner cannula.
3. Open the cap of the speaking valve to check that the thin plastic film in the cap is not stuck to the cap or wet or soiled with secretions.
4. Using an oxygen tubing, connect the speaking valve oxygen port to the oxygen supply (if patient requires oxygen supply of less than 5 litres per minute). Otherwise, please follow the Speech Therapist's (ST) advice.
5. Place speaking valve gently on top of **GREEN** inner cannula. **DO NOT twist** the speaking valve on tightly. If speaking valve keeps popping out, do not place it back on – kindly inform ST if this happens.
6. Monitor patient's vital signs (SpO₂, heart rate, breathing rate).
7. Please remove speaking valve if:
 - a) SpO₂ level drops below 95% or the level recommended by the doctor
 - b) Work of breathing or breathing rate increases
 - c) Heart rate increases by more than 20% from baseline (heart rate before the use of the speaking valve)



Green and white inner cannulas



Attach oxygen tubing

Care of Speaking Valve

- Clean the speaking valve once a day or when it is dirty.
- Rinse with irrigation water (sterile water).
- Air dry the speaking valve and ensure that it is fully dried before keeping or using it again.
- Keep speaking valve back in the box when not in use.



Scan the QR Code with your smart phone to access the information online or visit <http://bit.ly/TTSHConditions-Treatments>

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