

Swallow Therapy for Trach and Vented Patients

Swallow Impairment	Therapeutic Intervention	Adaptation for trach/vent patient
Secretion Management	1. PMV trials to allow airflow and sensory stimulation to upper airway. 2. RMST - Resp. Muscle Strength Training	1. Train inhaling/exhaling through semi-occluded airway (straws) for low level patients. 2. Use various IMST/EMST devices on the market to strengthen respiratory system.
Low lung volumes	IMST (inspiratory muscle strength training) Supraglottic Swallow	Requires PMV use to engage entire respiratory system, restore subglottic pressure.
Weak Cough Strength	Cue patient to cough/clear own secretions EMST (expiratory muscle strength training)	Requires PMV use to restore subglottic airway pressure.
Decreased vocal cord closure	Supraglottic Swallow/Voluntary Breath Hold Adduction Exercises with resistance Sustained phonation	Require PMV to established a closed system, restore subglottic pressure.
Reduced laryngeal elevation	Falsetto Exercises Mendelsohn Maneuver	Require PMV to established a closed system, restore subglottic pressure.
Reduced hyolaryngeal excursion	Super-Supraglottic Swallow Shaker Maneuver	1. Both require restoration of subglottic pressure-place PMV. 2. Shaker: Place PMV to restore pressure, do not lay patient completely flat, ensure trach does not displace or occlude.
Weak pharyngeal wall constriction	Effortful Swallow Masako	Requires PMV to close system, restore subglottic pressure.
Reduced cricopharyngeal opening	Shaker Maneuver Mendelsohn Maneuver	Shaker: Place PMV to restore pressure, do not lay patient completely flat, ensure trach does not displace or occlude.

Speaking Valve Use: Troubleshooting Tips

Problem	Troubleshooting Tips
Excessive coughing	<ul style="list-style-type: none"> (1) Cue patient to clear secretions orally (2) Suction again if needed (3) Check trach alignment/positioning (4) If no improvement, remove the valve immediately. May need trach downsize or different trach type. (5) If coughing persists after trach change, may need ENT evaluation.
Honking noise with valve use	<ul style="list-style-type: none"> (1) Clean the valve. (2) If no improvement: (a) work with the patient on how they are breathing with the valve. If continue with no improvement, then (b) replace the valve.
Limited or strained voicing, decreased airflow through upper airway	<ul style="list-style-type: none"> (1) Ensure cuff is fully deflated (2) Check trach alignment and positioning (3) Sit patient as upright as possible (4) Suction again, if needed (5) May need trach downsizing or different trach type (6) Consider ENT consult, if no change noted
Air leak around trach during valve use	<ul style="list-style-type: none"> (1) Hydrophilic dressing (2) Silflex pad
Good airway patency but difficulty saturating	<ul style="list-style-type: none"> (1) Work with respiratory care practioner (2) consider adding some O2 via nasal cannula (3) work with patient on breathing techniques to increase deep breathing and coordination of respiration and speech with appropriate pausing
Back pressure noted with valve removal	<ul style="list-style-type: none"> (1) Trach downsize and/or cuffless trach may be needed. (2) Assess patient for anxiety, stress, tension as potential causes (3) If no improvement - consult ENT to evaluate for upper airway obstruction.
Patient would benefit from cuffless trach but remains on vent and needs a cuffed trach	Consider TTS type trach (tight to shaft cuff)

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