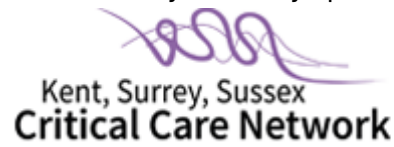


You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	<i>Competency fully achieved Date/sign</i>
<ul style="list-style-type: none"> • Can discuss the mechanism of a one-way valve in use with a tracheostomy 	
<ul style="list-style-type: none"> • Can explain benefits (physical and psychological) and contraindications 	
<ul style="list-style-type: none"> • Can explain necessary selection criteria and suitable ventilator settings prior to valve use 	
<ul style="list-style-type: none"> • can discuss importance of managing subglottic/above-cuff secretions and how to minimise risk, especially prior to/during cuff deflation 	
<ul style="list-style-type: none"> • Identifies possible airway problems/signs of intolerance and how these will manifest 	
<ul style="list-style-type: none"> • Can discuss what ventilatory changes are required when one-way valve in situ with mechanical ventilation and how the patient should be monitored 	
<ul style="list-style-type: none"> • Identifies when use of one-way valve should be discontinued 	
You must be able to undertake the following in a safe and professional manner:	
<ul style="list-style-type: none"> • Assembles necessary equipment and explains procedure to patient/gains consent 	
<ul style="list-style-type: none"> • Assesses and optimises patient respiratory status (including patient conscious level and positioning) 	
<ul style="list-style-type: none"> • Performs oral/subglottic/tracheal suction prior to cuff deflation 	
<ul style="list-style-type: none"> • With assistance of second professional, slowly deflates cuff alongside synchronous tracheal suction, as indicated, considering above-cuff secretion load. Reassesses airway 	
<ul style="list-style-type: none"> • Confirms air passing through upper airway 	
<ul style="list-style-type: none"> • Correctly places one-way valve and reassesses airway/respiratory status 	
<ul style="list-style-type: none"> • Makes necessary changes to ventilator mode and alarms as per individual unit policy, when used in situ with mechanical ventilation 	
<ul style="list-style-type: none"> • Indicates what measures are in place to ensure communication regarding change of patient status is known to wider unit team (bed signs/tracheostomy cuff label etc) 	
<ul style="list-style-type: none"> • Demonstrates safe supervision and reassessment of patient throughout period of one-way valve use and documents accurately 	
<ul style="list-style-type: none"> • Able to describe management of one-way valve during nebulisation procedures 	
<ul style="list-style-type: none"> • Safely removes speaking valve at end of agreed period/if patient not tolerating or is fatigued 	



<ul style="list-style-type: none">• Reinflates cuff, returns ventilator to previous agreed settings with appropriate alarms	
<ul style="list-style-type: none">• Reassesses airway/respiratory status	
<ul style="list-style-type: none">• Assesses effectiveness of intervention and escalates any concerns appropriately	

R Maley, Critical Care Practice Educator, Conquest Hospital, ESHT

S Stirzaker Practice Development Sister, Frimley and Wexham Park Hospitals, FHFT