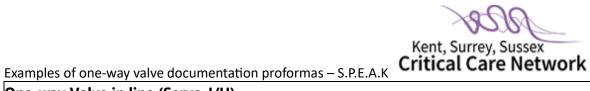
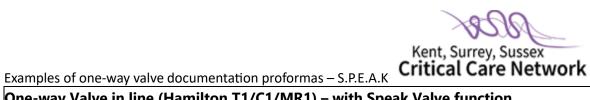


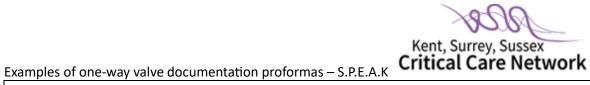
One	One-way Valve in line (Drager V500/ V800)		
S -	>48hrs post tracheostomy insertion		
	Patient assessed as suitable for OWV as per guidelines (e.g: FiO2 < 0.40/ PEEP <10/ PS <+16)		
P -	Subglottic aspirated (mls): N/A		
	Explanation given to patient: Yes 🔲 N/A 🗌		
E -	Cuff deflated slowly $\&$ fully \square		
A -	Observed leak (Percentage difference in VTi and Vte or percentage leak (should be >40% to be sufficient to use one		
	way valve):		
	Placed OWV in line with connector		
	Changed ventilator to NIV mode		
	MV and Apnoea alarms turned off in alarm settings		
	EtCO ₂ monitoring turned off		
	Ventilation settings changed (PS or PEEP) : No Yes If yes, please document changes:		
K-	Time completed with OWV in line (observed or plan):		
	Comments (voice/oral secretions/ tolerance) :		
	•		
_			
One	-way Valve in line (Drager Evita XL)		
S -	>48hrs post tracheostomy insertion		
	Patient assessed as suitable for OWV as per guidelines (e.g: FiO2 < 0.40/ PEEP <10/ PS <+16)		
P -	Subglottic aspirated (mls): N/A		
	Explanation given to patient: Yes N/A		
E -	Cuff deflated slowly & fully		
A -	Observed leak (Percentage difference in VTi and Vte or percentage leak (should be >40% to be sufficient to use one		
	way valve):		
	Placed OWV in line with connector		
	Changed ventilator to NIV mode		
	Apnoea alarm turned off in alarm settings		
	Minute Ventilation 'low alarm' limit set to 0.1 l/min		
	EtCO ₂ monitoring turned off		
	Ventilation settings changed (PS or PEEP) : No Yes If yes, please document changes:		
K-	Time completed with OWV in line (observed or plan):		
	Comments (voice/oral secretions/ tolerance) :		



One	One-way Valve in line (Servo-I/U)			
S - P - E - A -	>48hrs post tracheostomy insertion Patient assessed as suitable for OWV as per guidelines (e.g: FiO2 < 0.40/ PEEP <10/ PS <+16) Subglottic aspirated (mls): N/A Explanation given to patient: Yes N/A Cuff deflated slowly & fully Observed leak (Percentage difference in VTi and Vte or percentage leak (should be >40% to be sufficient to use one way valve): Placed OWV in line with connector Changed ventilator to NIV mode Minute Ventilation 'low alarm' limit set to 0.5 l/min			
K-	EtCO ₂ monitoring turned off Ventilation settings changed (PS or PEEP): No Yes If yes, please document changes: Time completed with OWV in line (observed or plan):			
	Comments (voice/oral secretions/ tolerance) :			
One	One-way Valve in line (Hamilton G5/C3/C6)			
S - P - A -	> 48hrs post tracheostomy insertion Patient assessed as suitable for OWV as per guidelines (e.g: FiO2 < 0.40/ PEEP <10/ PS <+16) Subglottic aspirated (mls): N/A Explanation given to patient: Yes N/A Cuff deflated slowly & fully Observed leak (Percentage difference in VTi and Vte or percentage leak (should be >40% to be sufficient to use one way valve): Placed OWV in line with connector Changed ventilator to NIV mode Minute Ventilation 'low alarm' limit set to 0.6 l/min EtCO ₂ monitoring turned off Ventilation settings changed (PS or PEEP): No Yes If yes, please document changes:			
K-	Time completed with OWV in line (observed or plan): Comments (voice/oral secretions/ tolerance):			



One	One-way Valve in line (Hamilton T1/C1/MR1) – with Speak Valve function		
S -	>48hrs post tracheostomy insertion		
	Patient assessed as suitable for OWV as per guidelines (e.g: FiO2 < 0.40/ PEEP <10/ PS <+16)		
	Subglottic aspirated (mls): N/A 🗌		
	Explanation given to patient: Yes N/A		
	Ti observed : sec		
E-	Cuff deflated slowly & fully		
	Observed leak (Percentage difference in VTi and Vte or percentage leak (should be >40% to be sufficient to use one way		
	valve):		
	Placed OWV in line with connector		
9	Speak Valve Mode turned on 🗌		
-	ri set 0.2-0.4 sec >observed Ti : sec		
ı	High Vt (in alarms) set just above observed Vt : mls		
	Low Pressure (in alarms) set just below observed pressure : cmH ₂ O		
	EtCO ₂ monitoring turned off		
	Ventilation settings changed (PS or PEEP) : No 🔲 Yes 🔲 If yes, please document changes:		
	Fime completed with OWV in line (observed or plan):		
	Comments (voice/oral secretions/ tolerance) :		
One	e-way Valve in line (Hamilton T1/C1/MR1) – without Speak Valve function		
S -	>48hrs post tracheostomy insertion		
	Patient assessed as suitable for OWV as per guidelines (e.g: FiO2 < 0.40/ PEEP <10/ PS <+16)		
	Subglottic aspirated (mls): N/A		
	Explanation given to patient: Yes N/A		
	Ti observed : sec		
E-	Cuff deflated slowly & fully		
	Observed leak (Percentage difference in VTi and Vte or percentage leak (should be >40% to be sufficient to use one way		
	valve):		
	Placed OWV in line with connector		
	Changed to NIV/ NIV-ST mode on 🗍		
I	Reduced 'low MV' alarm parameter to 0.6 l/min		
	EtCO ₂ monitoring turned off		
	Ventilation settings changed (PS or PEEP) : No 🔲 Yes 🔲 If yes, please document changes:		
	Fime completed with OWV in line (observed or plan):		
	Comments (voice/oral secretions/ tolerance) :		



	amples of offe-way valve documentation proformas – 5.1.L.A.K		
Oı	One-way Valve in line (NIPPY 3/4/4+)		
S ·	· >48hrs post tracheostomy insertion		
	Patient assessed as suitable for OWV as per guidelines (e.g: FiO2 < 0.40/ PEEP <10/ PS <+16)		
P·	- Subglottic aspirated (mls): N/A 🗌		
	Explanation given to patient: Yes 🔲 N/A 🗌		
	Ti observed : sec		
E-	Cuff deflated slowly & fully 🗌		
A-	Observed leak (Percentage difference in VTi and Vte or percentage leak (should be >40% to be sufficient to use one way		
	valve):		
	Placed OWV in line with connector		
	EtCO ₂ monitoring turned off? Yes N/A		
	Ventilation settings changed (PS or PEEP) : No 🗌 Yes 🔲 If yes, please document changes:		
K-	Time completed with OWV in line (observed or plan):		
	Comments (voice/oral secretions/ tolerance):		
_	V I * P (AUG) 220 NIND		
Oi	ne-way Valve in line (NKV-330 NIV)		
S ·	· >48hrs post tracheostomy insertion		
	Patient assessed as suitable for OWV as per guidelines (e.g: FiO2 < 0.40/ PEEP <10/ PS <+16)		
P	- Subglottic aspirated (mls): N/A		
	Explanation given to patient: Yes N/A		
	Ti observed : sec		
E-	Cuff deflated slowly & fully 🗌		
A-	Observed leak (Percentage difference in VTi and Vte or percentage leak (should be >40% to be sufficient to use one way		
	valve):		
	Placed OWV in line with connector		
	Changed to 'mask with exhalation port' interface on		
	EtCO ₂ monitoring turned off? Yes N/A		
	Ventilation settings changed (PS or PEEP) : No 🗌 Yes 🔲 If yes, please document changes:		
K-	Time completed with OWV in line (observed or plan):		
	Comments (voice/oral secretions/ tolerance):		

OWV removed, cuff re-inflated after OWV removal & ventilator returned to baseline settings.

Examples of one-way valve documentation proformas – S.P.E.A.K

Kent, Surrey, Sussex

Critical Care Network

Self-ventilating with one-way valve	
S - >48hrs post tracheostomy insertion	
Patient assessed as suitable for PMV as per guidelines	
P - Subglottic aspirated (mls): N/A	
Explanation given to patient: Yes N/A	
E- Cuff deflated slowly & fully	
A- Observed audible/ palpable air leak from upper airway	
If patient ventilated prior to PMV then observed air leak >40% (Vte vs Vti) N/A	
Patient tolerates finger tip occlusion Yes No	
Placed PMV in situ with humidified O ₂ with High Flow Oxygen	
K- Time completed with PMV in line (observed or plan):	
Comments (voice/oral secretions/ tolerance) :	