# One-Way Valve (OWV) IN LINE

### **Dräger V800/ V600**

	Diagel Voud	V 600
Do NOT	New tracheostomy (<48 hours)	Significant Tracheostomy bleeding
use if:	Significant air leak around tracheostomy stoma – concerns re: surgical emphysema	Recent head and neck surgery (check with surgeon or SLT)
	Airway obstruction  Note: There may be other core	ntraindications not listed above.
	· ·	itrumulcutions not listeu above.
C	No recent deterioration in respiratory status?	
<b>3</b>	Is the FiO <sub>2</sub> and ventilation within target parameter	ters (see weaning plan)?
Selection	Does the patient tolerate cuff deflation?	
of patient	Scores A or V on AVPU? If less alert seek MDT/s	pecialist advice
	Stable cardiovascular status?	
D	10ml syringe x 2	
P	Yankeur/Soft suction catheter	
Prepare your	OWV and OWV warning adhesive label	
equipment	OWV ventilator connector	
	Aspirate subglottic port (if patient has one)	
E	Slowly DEFLATE THE CUFF, considering need for	simultaneous closed suctioning
Eradicate air	Can you feel or hear air flow through the upper	airway or can they speak? (If yes continue)
Ensure cuff deflation	Can you confirm that there is no audible stridor	? (If yes continue)
Λ	Observe a minimum of 40% leak in VTe versus V observations, if present place OWV in-line with	
H	Change ventilation therapy from Tube to NIV:	
	Start/Standby → NIV/Mask Ventilation Mode -	→ Confirm with Rotary knob→ Start/Standby
Assess	Please note the actual mode of ventilation doe therapy	s not need to be altered just the ventilation
	Turn off Minute Ventilation and Apnoea alarm	
	Refer to weaning plan for guidance of ventilation	n settings and duration
1/	Monitor the patient constantly whilst they have the OWV in line	
K	Reasons to consider removal of one-way valve:	
Keep an eye	<ul> <li>Respiratory instability: Significant desaturation (as per weaning plan) and/or significant, u</li> <li>Cardiovascular instability</li> </ul>	ation or tachypnoea, outside of target parameters inresolving increase in work of breathing
	Airway concerns: Stridor or inability to maintervention	anage oral secretions, despite repeated

Once OWV removed, fully inflate cuff, return to Tube Therapy setting & turn Minute Ventilation & Apnoea Alarms back on

# One-Way Valve (OWV) IN LINE

#### **Dräger Evita XL**

Do	NOT
IISA	if

- New tracheostomy (<48 hours)
- Significant air leak around tracheostomy
- stoma concerns re: surgical emphysema
- Significant Tracheostomy bleeding
- Recent head and neck surgery (check with surgeon or SLT)
- Airway obstruction

Note: There may be other contraindications not listed above.

No recent deterioration in respiratory status?

Is the FiO<sub>2</sub> and ventilation within target parameters (see weaning plan)?

Selection

of patient

Does the patient tolerate cuff deflation?

Scores A or V on AVPU? If less alert seek MDT/ specialist advice

Stable cardiovascular status?

Prepare your equipment

10ml syringe x 2

Yankeur/Soft suction catheter

OWV and OWV warning adhesive label

OWV ventilator connector



Aspirate subglottic port (if patient has one)

Eradicate air **Ensure cuff** deflation

Slowly DEFLATE THE CUFF, considering the need for simultaneous closed suctioning

Can you confirm that there is no audible stridor? (If yes continue)

Observe a minimum of 40% leak in VTe versus Vti / minimum of 40% leak in ventilator observations, if present insert OWV in-line with connector

Can you feel or hear air flow through the upper airway or can they speak? (If yes continue)

Change application mode to NIV:

Assess

 $Start/Standby \rightarrow Standby \rightarrow Tube/Mask tab \rightarrow Mask (NIV) button \rightarrow Confirm with rotary knob$ → Start/Standby → Start

Turn off Apnoea alarm

Reduce 'Low MV' alarm parameter: suggested to 0.1 l/min as minimum setting for this ventilator Refer to weaning plan for guidance of ventilation settings and duration

Monitor the patient constantly whilst they have the OWV in line

Reasons to consider removal of one-way valve:

- Keep an eye
- Respiratory instability: Significant desaturation or tachypnoea, outside of target parameters (as per weaning plan) and/or significant, unresolving increase in work of breathing
- Cardiovascular instability
- Airway concerns: Stridor or inability to manage oral secretions, despite repeated intervention

Once OWV removed, fully inflate cuff, return to Tube mode & turn Apnoea Alarm back on & 'Low MV' parameter back to baseline

One-Way Valve (OWV) IN LINE			
	Servo	-I /L	J
Do NOT	New tracheostomy (<48 hours)		Significant Tracheostomy bleeding
use if:	Significant air leak around tracheostor stoma – concerns re: surgical emphysical	,	<ul> <li>Recent head and neck surgery (check with surgeon or SLT)</li> </ul>
	Airway obstruction		
	Note: There may be ot	her contr	aindications not listed above.
_	No recent deterioration in respiratory sta	tus?	
5	Is the FiO <sub>2</sub> and ventilation within target p	arametei	rs (see weaning plan)?
Selection	Does the patient tolerate cuff deflation?		
of patient	Scores A or V on AVPU? If less alert seek	MDT/ spe	ecialist advice
	Stable cardiovascular status?		
	10ml syringe x 2		
P	Yankeur/Soft suction catheter		
Prepare your	OWV and OWV warning adhesive label		
equipment	OWV ventilator connector		
	Aspirate subglottic port (if patient has one)		
L	Slowly DEFLATE THE CUFF, considering th	he need for simultaneous closed suctioning	
Eradicate air	Can you feel or hear air flow through the	upper aii	rway or can they speak? (If yes continue)
Ensure cuff deflation	Can you confirm that there is no audible	stridor? (	If yes continue)
	Observe a minimum of 40% leak in VTe v		
Α	observations, if present insert OWV in-lir Change ventilation mode to NIV-PS or N		
	Standby $\rightarrow$ Accept $\rightarrow$ NIV Ventilation Mo	ode → Ac	cept →Start/ Standby to restart ventilation
Assess	Reduce 'Low MV' alarm parameter: sugg	ested to (	0.5 l/min
	Refer to weaning plan for guidance of ve	ntilation s	settings and duration
Monitor the patient constantly whilst they have the OWV in line		ave the OWV in line	
<b>       </b>	Reasons to consider removal of one-way	valve:	
Keep an eye	1		on or tachypnoea, outside of target parameters resolving increase in work of breathing
	Airway concerns: Stridor or inabilit intervention	y to mana	age oral secretions, despite repeated
			nvasive mode setting & return 'Low MV' alarm o baseline

	One-Way Val	ve (	OWV) IN LINE
	Hamilton C	3/	C6/ G5
Do NOT	New tracheostomy (<48 hours)		Significant Tracheostomy bleeding
use if:	Significant air leak around tracheostor stoma – concerns re: surgical emphyse	•	Recent head and neck surgery (check with surgeon or SLT)
	Airway obstruction		
	Note: There may be of	ther con	traindications not listed above.
C	No recent deterioration in respiratory sta	itus?	
5	Is the FiO <sub>2</sub> and ventilation within target p	aramet	ers (see weaning plan)?
Selection	Does the patient tolerate cuff deflation?		
of patient	Scores A or V on AVPU? If less alert seek	MDT/ s	pecialist advice
	Stable cardiovascular status?		
	10ml syringe x 2		
P	Yankeur/Soft suction catheter		
Prepare your	OWV and OWV warning adhesive label		
equipment	OWV ventilator connector		
	Aspirate subglottic port (if patient has on	e)	
E	Slowly DEFLATE THE CUFF, considering th	e need	for simultaneous closed suctioning
Eradicate air	Can you feel or hear air flow through the	upper a	airway, or can they speak? (If yes continue)
Ensure cuff deflation	Can you confirm that there is no audible	stridor?	(If yes continue)
	Observe a minimum of 40% leak in VTe v		•
Α	observations, if present insert OWV in-lir Change ventilation mode to NIV-ST/ NIV		
_	Modes → NIV-ST/ NIV Mode → Ensure P	PEEP/ PS	S/ FiO , same as baseline→ Confirm
Assess	Reduce 'Low MV' alarm parameter: sugg		0.6 I/min as lowest appropriate setting on these
	ventilators  Refer to weaning plan for guidance of ventilators	ntilatior	n settings and duration
1/	Monitor the patient constantly whils	t they	have the OWV in line
K	Reasons to consider removal of one-way	valve:	
Keep an eye	<ul><li>(as per weaning plan) and/or signif</li><li>Cardiovascular instability</li></ul>	icant, u	ntion or tachypnoea, outside of target parameters nresolving increase in work of breathing nage oral secretions, despite repeated
	intervention		
			invasive mode setting & return 'Low MV' alarm to baseline

### One-Way Valve(OWV) IN LINE

#### Hamilton C1/ T1/MR1 – with 'Speak Valve' function,

Han	mitori CI/ TI/WillI With	Speak valve function,	
Do NOT	New tracheostomy (<48 hours)	Significant Tracheostomy     bleeding	
use if:	Significant air leak around tracheostomy st concerns re: surgical emphysema		
	Airway obstruction	(effect with surgeon of ser)	
	Note: There may be other co	ontraindications not listed above.	
	Is the FiO <sub>2</sub> and ventilation within target param	eters (see weaning plan)?	
3	Does the patient tolerate cuff deflation?		
Selection	Scores A or V on AVPU? If less alert seek MDT,	/ specialist advice	
of patient	Stable cardiovascular status?		
<b>D</b>	10ml syringe x 2		
P	Yankeur/Soft suction catheter		
Prepare your	OWV and OWV warning adhesive label		
equipment	OWV ventilator connector		
	Observe and document average TI (Found in monitoring page 2)		
	Aspirate subglottic port (if patient has one)		
E	Slowly DEFLATE THE CUFF, considering the nee	ed for simultaneous closed suctioning	
Eradicate air	Can you feel or hear air flow through the upper	er airway, or cant they speak? (If yes continue)	
Ensure cuff deflation	Can you confirm that there is no audible stride	or? (If yes continue)	
^	Observe a minimum of 40% leak (Found in mo	onitoring tab page 2): if present insert OWV, in-line	
A	Select and apply <b>SpeakValve ON</b> (Found in con	ntrols and SpeakValve)	
Assess	Controls → Page More → set TI Max 0.2-0.4 se	econds longer than average observed TI	
	Refer to weaning plan for guidance of ventilat	ion settings and duration	
	Set High VTI just above observed VTI (note the	e VTI will be significantly higher than baseline)	
	Set Low pressure alarm to just below observed		
1/	Monitor the patient constantly whilst they have the OWV in line		
K	Reasons to consider removal of one-way valve	2:	
Keep an eye	• Respiratory instability: Significant desaturation or tachypnoea, outside of target parameters (as per weaning plan) and/or significant, unresolving increase in work of breathing		
	<ul> <li>Cardiovascular instability</li> <li>Airway concerns: Stridor or inability to r intervention</li> </ul>	manage oral secretions, despite repeated	
	Once OWV removed, fully i	nflate cuff. turn 'Speak Valve Off'	

### One-Way Valve (OWV) IN LINE

### Hamilton C1/ T1/ MR1 – without 'SpeakValve' Function

	1	1 2 4 2
Do NOT	New tracheostomy (<48 hours)	Significant Tracheostomy bleeding
use if:	Significant air leak around tracheostomy stoma – concerns re: surgical emphysema	Recent head and neck surgery (check with surgeon or SLT)
	Airway obstruction	
	Note: There may be other con	traindications not listed above.
S	Is the FiO <sub>2</sub> and ventilation within target parame	ters (see weaning plan)?
	Does the patient tolerate cuff deflation?	
Selection of patient	Scores A or V on AVPU? If less alert seek MDT/s	specialist advice
	Stable cardiovascular status?	
	10ml syringe x 2	
P	Yankeur/Soft suction catheter	
Prepare your	OWV and OWV warning adhesive label	
equipment	OWV ventilator connector	
L	Aspirate subglottic port (if patient has one)	
E	Slowly DEFLATE THE CUFF, considering the need	for simultaneous closed suctioning
Eradicate air	Can you feel or hear air flow through the upper	airway, or can they speak? (If yes continue)
Ensure cuff deflation	Can you confirm that there is no audible stridor	? (If yes continue)
Λ	Observe a minimum of 40% leak (Found in mon with the connector	itoring tab page 2) if present insert OWV, in-line
H	Change ventilation mode to NIV or NIV-ST Mod	de as appropriate:
_	Modes → NIV or NIV-ST Mode → Ensure PEEP/	<u>-</u>
Assess	Reduce 'Low MV' alarm parameter: suggested t ventilators	o 0.6 I/min as lowest possible setting on these
	Refer to weaning plan for guidance of ventilation	n settings and duration
1/	Monitor the patient constantly whilst they	have the OWV in line
K	Reasons to consider removal of one-way valve:	
_	Respiratory instability: Significant desatur	ation or tachypnoea, outside of target parameters
Keep an eye	(as per weaning plan) and/or significant, u	unresolving increase in work of breathing
. ,	<ul> <li>Cardiovascular instability</li> <li>Airway concerns: Stridor or inability to manage oral secretions, despite repeated intervention</li> </ul>	
		o invasive mode setting & return 'Low MV' alarm r to baseline

# One-Way Valve (OWV) IN LINE NIPPY 3/4/4+

Do NOT	New tracheostomy (<48 hours)	Significant Tracheostomy bleeding
use if:	<ul> <li>Significant air leak around tracheostomy stoma – concerns re: surgical emphyser</li> <li>Airway obstruction</li> </ul>	·
	·	er contraindications not listed above.
C	No recent deterioration in respiratory statu	us?
<b>5</b>	Is the FiO <sub>2</sub> and ventilation within target par	rameters (see weaning plan)?
Selection	Does the patient tolerate cuff deflation?	
of patient	Scores A or V on AVPU? If less alert seek M	IDT/ specialist advice
	Stable cardiovascular status?	
D	10ml syringe x 2	
	Yankeur/Soft suction catheter	
Prepare your	OWV and OWV warning adhesive label	
equipment	OWV ventilator connector	
	Aspirate subglottic port (if patient has one)	
	Slowly DEFLATE THE CUFF, considering nee	
Eradicate air	,	pper airway, or can they speak? (If yes continue)
Ensure cuff deflation	Can you confirm that there is no audible st	
Λ	observations	rsus Vti / minimum of 40% leak in ventilator
A		attached to the purple end of the NIPPY circuit
Assess	All alarms should be left as per set for the N.B: Ensure that the <b>Disconnection Alarm</b>	
	Refer to weaning plan for guidance of vent	
	Monitor the patient constantly whilst	they have the OWV in line
K	Reasons to consider removal of one-way va	alve:
Keep an eye	<ul><li>(as per weaning plan) and/or signific</li><li>Cardiovascular instability</li></ul>	saturation or tachypnoea, outside of target parameters ant, unresolving increase in work of breathing to manage oral secretions, despite repeated
	Once OWV i	removed, fully inflate cuff

# One-Way Valve (OWV) IN LINE NKV-330 NIV

stoma – concerns re: surgical emphysema  Airway obstruction  Note: There may be other contraindications not listed above.  No recent deterioration in respiratory status?  Is the FiO₂ and ventilation within target parameters (see weaning plan)?  Does the patient tolerate cuff deflation?  Scores A or V on AVPU? If less alert seek MDT/ specialist advice  Stable cardiovascular status?  Prepare your equipment  OWV and OWV warning adhesive label OWV ventilator connector  Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (if yes continue)  Can you confirm that there is no audible stridor? (if yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Monitor the patient constantly whilst they have the OWV in line  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing			
stoma – concerns re: surgical emphysema  Airway obstruction  Note: There may be other contraindications not listed above.  No recent deterioration in respiratory status?  Is the FiO₂ and ventilation within target parameters (see weaning plan)?  Does the patient tolerate cuff deflation?  Scores A or V on AVPU? If less alert seek MDT/ specialist advice  Stable cardiovascular status?  Prepare your equipment  OWV and OWV warning adhesive label OWV ventilator connector  Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (if yes continue)  Can you confirm that there is no audible stridor? (if yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Monitor the patient constantly whilst they have the OWV in line  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	Do NOT	New tracheostomy (<48 hours)	Significant Tracheostomy bleeding
Note: There may be other contraindications not listed above.  No recent deterioration in respiratory status?  Is the FiO₂ and ventilation within target parameters (see weaning plan)?  Does the patient tolerate cuff deflation?  Scores A or V on AVPU? If less alert seek MDT/ specialist advice  Stable cardiovascular status?  Prepare your equipment  OWV and OWV warning adhesive label OWV ventilator connector  Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (if yes continue)  Can you confirm that there is no audible stridor? (if yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	use if:	stoma – concerns re: surgical emphysema	Recent head and neck surgery (check with surgeon or SLT)
Selection of patient  Does the patient tolerate cuff deflation?  Scores A or V on AVPU? If less alert seek MDT/ specialist advice  Stable cardiovascular status?  10ml syringe x 2  Vankeur/Soft suction catheter  OWV and OWV warning adhesive label equipment  We ventilator connector  Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Eradicate air can you confirm that there is no audible stridor? (If yes continue)  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing			ontraindications not listed above.
Selection of patient  Scores A or V on AVPU? If less alert seek MDT/ specialist advice  Stable cardiovascular status?  10ml syringe x 2 Yankeur/Soft suction catheter  OWV and OWV warning adhesive label OWV ventilator connector  Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Eradicate air Ernsure cuff deflation  A place OWV in-line with the connector  Change patient interface: Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	C	No recent deterioration in respiratory status?	
Scores A or V on AVPU? If less alert seek MDT/ specialist advice  Stable cardiovascular status?  10ml syringe x 2  Yankeur/Soft suction catheter  OWV and OWV warning adhesive label equipment  Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	<b>5</b>	Is the FiO <sub>2</sub> and ventilation within target param	eters (see weaning plan)?
Stable cardiovascular status?    Parepare your equipment	Selection	Does the patient tolerate cuff deflation?	
Prepare your equipment  Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	of patient	Scores A or V on AVPU? If less alert seek MDT/	/ specialist advice
Prepare your equipment  OWV and OWV warning adhesive label OWV ventilator connector  Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing		Stable cardiovascular status?	
Prepare your equipment  OWV ventilator connector  Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	D	10ml syringe x 2	
Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	P	Yankeur/Soft suction catheter	
Aspirate subglottic port (if patient has one)  Slowly DEFLATE THE CUFF, considering need for simultaneous closed suctioning  Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	Prepare your	OWV and OWV warning adhesive label	
Eradicate air Ensure cuff deflation  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	equipment	OWV ventilator connector	
Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing		Aspirate subglottic port (if patient has one)	
Ensure cuff deflation  Can you confirm that there is no audible stridor? (If yes continue)  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing		Slowly DEFLATE THE CUFF, considering need for	or simultaneous closed suctioning
A  Place OWV in-line with the connector  Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing		Can you feel or hear air flow through the uppe	er airway, or can they speak? (If yes continue)
Change patient interface:  Standby → confirm → menu → circuit config → mask with exhalation port → resume ventilation  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing		Can you confirm that there is no audible stride	or? (If yes continue)
Assess  Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	<b>A</b>	Place OWV in-line with the connector	
Refer to weaning plan for guidance of ventilation settings and duration  Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	A	Change patient interface:	
Monitor the patient constantly whilst they have the OWV in line  Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	Assess	1	→ mask with exhalation port → resume
Reasons to consider removal of one-way valve:  Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing		Refer to weaning plan for guidance of ventilat	ion settings and duration
Respiratory instability: Significant desaturation or tachypnoea, outside of target param (as per weaning plan) and/or significant, unresolving increase in work of breathing	1/	Monitor the patient constantly whilst the	ey have the OWV in line
Keep an eve (as per weaning plan) and/or significant, unresolving increase in work of breathing	K	Reasons to consider removal of one-way valve	e:
Cardiovascular instability     Airway concerns: Stridor or inability to manage oral secretions, despite repeated	Keep an eye	<ul><li>(as per weaning plan) and/or significant</li><li>Cardiovascular instability</li></ul>	, unresolving increase in work of breathing
intervention  Once OWV removed, fully inflate cuff and change patient interface back to ETT/Trache		intervention	

Hig	h Flow Oxygen Therapy	with One-Way Valve
	(OWV)	
Do NOT	New tracheostomy (<48 hours)	
use if:	Significant air leak around tracheostomy stoma –	concerns re: surgical emphysema
	Airway obstruction	
	Significant Tracheostomy bleeding	
	Recent head and neck surgery (check with surgeo	on or SLT)
	Note: There may be other contrain	ndications not listed above.
C	No recent deterioration in respiratory status?	
<b>5</b>	Is the FiO <sub>2</sub> and ventilation within target parameters (	(see weaning plan)?
Selection	Does the patient tolerate cuff deflation?	
of patient	Scores A or V on AVPU? If less alert seek MDT/ special	alist advice
	Stable cardiovascular status?	
	10ml syringe x 2	
P	Yankeur/Soft suction catheter	
Prepare your	OWV and OWV warning adhesive label and OWV connector	
equipment	High Flow Oxygen circuit & tracheostomy interface	
	Aspirate subglottic port (if patient has one)	
L	DEFLATE THE CUFF, considering the need for simulta	neous tracheal suctioning
Eradicate air	Can you feel or hear air flow through the upper airw	ay, or can they speak? (If yes continue)
Ensure cuff deflation	Can you confirm that there is no audible stridor? (If )	yes continue)
Λ	If currently ventilated, observe a minimum of 40% le in ventilator observations, if present then disconnect finger applied traphostomy. If talegated apply OWA	t from ventilator
	Finger occlude tracheostomy. If tolerated apply OWN	/ to end of trache
Assess	Place on high flow oxygen therapy via tracheostomy changes in work of breathing, respiratory rate/ pattern Refer to weaning plan for guidance of duration of OV	ern & SpO <sub>2</sub>

K

Keep an eye

Monitor the patient whilst they have the OWV in situ.

Reasons to consider removal of one-way valve:

- Respiratory instability: Significant desaturation or tachypnoea, outside of target parameters (as per weaning plan) and/or significant, unresolving increase in work of breathing
- Cardiovascular instability
- Airway concerns: Stridor or inability to manage oral secretions, despite repeated intervention

Ensure to remove OWV <u>before</u> re-inflating the tracheostomy cuff for any reason. Either return to ventilation or high flow oxygen therapy as per plan

## **Self-Ventilating with One-Way Valve (OWV)**

Do NOT	New tracheostomy (<48 hours)		
use if:	<ul> <li>Significant air leak around tracheostomy stoma – concerns re: surgical emphysema</li> <li>Airway obstruction</li> </ul>		
	Significant Tracheostomy bleeding		
	Recent head and neck surgery (check with surgeon or SLT)		
	Note: There may be other contraindications not listed above.  No recent deterioration in respiratory status?		
C			
<b>3</b>	Is the FiO <sub>2</sub> and ventilation within target parameters (see weaning plan)?		
Selection	Does the patient tolerate cuff deflation?		
of patient	Scores A or V on AVPU? If less alert seek MDT/ specialist advice		
	Stable cardiovascular status?		
_	10ml syringe x 2		
Р	Yankeur/Soft suction catheter		
Prepare your	OWV and OWV warning adhesive label		
equipment	Trache mask		
	Oxygen tubing (ideally heated & humidified)		
	Aspirate subglottic port (if patient has one)		
L	DEFLATE THE CUFF, considering the need for simultaneous tracheal suctioning		
Eradicate air	Can you feel or hear air flow through the upper airway, or can they speak? (If yes continue)		
Ensure cuff deflation	Can you confirm that there is no audible stridor? (If yes continue)		
	If currently ventilated, observe a minimum of 40% leak in VTe versus Vti / minimum of 40% leak		
Α	in ventilator observations. Disconnect from ventilator.  Finger occlude tracheostomy. If tolerated apply OWV to end of trache		
-	Place on humidified/ heated humidified oxygen via trache mask		
Assess			
	Refer to weaning plan for guidance of duration		
1.0	Monitor the patient whilst they have the OWV in situ.		
K	Reasons to consider removal of one-way valve:		
Keep an eye	<ul> <li>Respiratory instability: Significant desaturation or tachypnoea, outside of target parameters         (as per weaning plan) and/or significant, unresolving increase in work of breathing</li> <li>Cardiovascular instability</li> <li>Airway concerns: Stridor or inability to manage oral secretions, despite repeated         intervention</li> </ul>		
	Encure to remove OW// <b>hefere</b> re inflating the track-certemy suff for any reason		

Ensure to remove OWV **before** re-inflating the tracheostomy cuff for any reason