

By turning the head part of the Tracoe Phon Assist one-way speaking valve, the side openings can be adjusted to reduce exhalation resistance and assist weaning.<sup>1-4</sup>



**1** Before using a one-way valve, inform the patient what you are about to do. Assess the patient's upper airway to ensure it is patent, and only proceed with using the one-way valve if the airway is clear.



**2** Before using the valve, ensure it is working by fully opening and closing it. Detach any devices from the end of the tracheostomy tube.



**3** Perform subglottic and tracheal suction, as well as oral suction, if necessary.



**4** Deflate the cuff of the tracheostomy tube completely before beginning the trial. It is essential that the cuff remains fully deflated throughout the entire duration of the trial to ensure proper function and safety.



**5** Allow the patient some time to acclimate before assessing airflow. To test airflow, lightly occlude the tube opening with a gloved finger as the patient exhales. Next, ask the patient to vocalize while you evaluate the airflow.

**Tip:** Give the patient a mirror to fog up.



**6** Rotate the head part of the valve until the side openings are fully open.



**7** Attach the valve to the end of the tracheostomy tube, then reassess the patient's voice and breathing.



**8** Slowly begin to close the side openings of the valve, carefully monitoring the patient's response throughout the process. Pay close attention to any signs of discomfort or changes in their condition as you gradually reduce the openings.



**9** If oxygen is needed, first remove the valve from the end of the tracheostomy tube. Connect the oxygen supply to the oxygen port, then reattach the valve to the tube. When oxygen is no longer necessary, first detach the valve before disconnecting the oxygen. Finally, reattach the valve to the tracheostomy tube.



**10** Once the trial has been completed, carefully detach the valve from the tracheostomy tube. After removing the valve, proceed to inflate the cuff to ensure proper sealing and function.

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Check the cuff pressure with a manometer to confirm it is at the correct level. Once the pressure is verified, reattach any required devices, such as a Heat and Moisture Exchanger (HME), to the end of the tracheostomy tube.

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Document the duration for which the valve was in place, as well as whether the side openings were open or closed, following local guidelines.

For additional information and videos, visit [www.atosmedical.com](http://www.atosmedical.com).

- <sup>1</sup> Wallace S, McGowan S, Sutt AL. Benefits and options for voice restoration in mechanically ventilated intensive care unit patients with a tracheostomy. *J Intensive Care Soc.* 2023 Feb;24(1):104-111. doi: 10.1177/17511437221113162. Epub 2022 Jul 10. PMID: 36874291; PMCID: PMC9975806.
- <sup>2</sup> Prigent H, Orlikowski D, Blumen MB, Leroux K, Legrand L, Lejaille M, Falaize L, Ruquet M, Raphael JC, Lofaso F. Characteristics of tracheostomy phonation valves. *European Respiratory Journal.* 2006 May 1;27(5):992-6
- <sup>3</sup> Rose L, Messer B. Prolonged Mechanical Ventilation, Weaning, and the Role of Tracheostomy. *Critical Care Clinics.* 2024 Apr 1;40(2):409-27.
- <sup>4</sup> O'Connor LR, Morris NR, Paratz J. Physiological and clinical outcomes associated with use of one-way speaking valves on tracheostomised patients: A systematic review. *Heart & Lung.* 2019 Jul;48(4):356-64.



### IMPORTANT

The Tracoe Phon Assist can be used for up to 3 months. Do not use a one-way valve during sleep since the airway could be blocked unintentionally. During sleep, use an HME instead, e.g. TrachPhone.