2013 Charleston Swallowing Conference

Session 13
Trachs, Tubes And Vents: Frequently Asked Questions
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Trachs, Tubes and Vents: Frequently Asked Questions by SLP’s

Intervention Through the Changing Care Environments

- Speech-language pathologists treat tracheostomized and ventilator-dependent patients across diverse care environments: ICU, step-down units, rehabilitation, long-term care, and home care.
- The changing needs of the patient throughout the continuum of care will drive candidacy and intervention decisions.

Frequently Asked Question #1

- What is the potential impact of cuff deflation vs. cuff inflation on swallowing, and should patients eat when the cuff is inflated?
What is the potential impact of cuff deflation vs. cuff inflation on swallowing, and should patients eat when the cuff is inflated?

- Purpose of cuff inflation
  - maintain positive pressure ventilation.
  - cuffs do not prevent aspiration.

- Impact of the cuff itself on swallowing physiology.
  - early research of mostly anecdotal reports guided common belief of the effect of the tracheostomy tube and accompanying cuff:
    - inflated cuffs block airflow to the upper airway.
    - loss of airflow affects subglottic pressures.

What is the potential impact of cuff deflation vs. cuff inflation on swallowing, and should patients eat when the cuff is inflated?

- Does the presence of the cuff itself disrupt swallowing or does the underlying etiology of the respiratory failure leading to trach/vent dependence influence function?
  - tracheostomy procedure (e.g., sutured trach)?
  - tracheostomy tube size and type, and vent settings?
  - weight of ventilator tubing?
  - patient's deconditioned status?
  - patient diagnosis and degree of premorbid impairment?

Frequently Asked Question #2

- How is upper airway flow facilitated and what options do SLPs have when their patients can't tolerate cuff deflation?
How is upper airway flow facilitated and what options do SLPs have when patients can’t tolerate cuff deflation?

- Cuffless and fenestrated tracheostomy tubes
- Tracheostomy tube downsizing
- Partial cuff deflation
- Full cuff deflation
- One-way speaking valves
- Tracheostomy caps
- Blom tracheostomy tube system

Frequently Asked Question #3

What are essential competencies for dysphagia SLPs working with trach/vent population?

- Suctioning
- Instrumental monitoring
  - oximetry, capnography, pulse
- Ventilator settings
- Manual resuscitation (Ambu bagging)
- Fundamental lab values (ABGs, CBC)
Frequently Asked Question #4

- Are blue dye and clinical swallow evaluations (CSE) appropriate for dysphagia management and treatment planning in this population?

- Blue dye as screening tool
  - Is "blue dye" ever clinically appropriate?

- CSE (role of auscultation)

- Fiberoptic endoscopic evaluations (FEES)

- Videofluoroscopic evaluation (VFSS)

Frequently Asked Question #5

- What is the role of the SLP on the Tracheostomy Team?
What is the role of the SLP on the Tracheostomy Team

- Voice and Swallow assessment
- Education
- Weaning
- Recommendations regarding tube selection

Frequently Asked Question # 6

What kind of tube is that?

- T-tubes
- Stoma buttons
- Stoma stents
- LGT
Selected References

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