AIM OF THIS LEAFLET
Your child now has a tracheostomy speaking valve. This leaflet aims to provide information about speaking valves. The Passy Muir Speaking Valve (PMV) is the speaking valve that is most commonly used in Our Lady’s Children’s hospital.

WHAT IS A SPEAKING VALVE?
A speaking valve is a plastic attachment that is placed on the end of the tracheostomy tube. It is a one way valve that opens when breath travels in through the tracheostomy tube. The valve closes when air is breathed out, the air is directed up through the voice box and throat and comes out through the nose and mouth.

HOW IS IT DECIDED WHAT CHILD IS SUITABLE FOR A SPEAKING VALVE?
Your child will be assessed by a speech and language therapist (SLT) and/or a clinical nurse specialist (CNS) following discussion with the ENT surgeon for his/her suitability to wear a speaking valve. There must be enough space around the tracheostomy tube and in the upper airway for breath to pass through when a speaking valve is in place. For some children, a speaking valve can be modified which enables them to tolerate it. Please ask a SLT or a member of the ENT team about this. In some cases, a speaking valve can be used when a child is on a ventilator. However, it is more common to assess children’s suitability when they are medically stable and they can come off the ventilator for short periods of time.

WHAT ARE THE BENEFITS OF WEARING A SPEAKING VALVE?
The benefits include:

- Improves communication, clearer and louder speech and voice, aids language development
- Improves sense of smell and taste, which may lead to an improvement in appetite
- Improves the management of secretions, which means there is less need for suctioning
- Improves the ability to swallow, it is advisable to wear the speaking valves during feeding
- Restores normal pressure in the airway
- Improves quality of life & independence
- Can aid towards decannulation or removal of the tracheostomy tube.
ARE THERE ANY CAUTIONS TO WEARING A SPEAKING VALVE?

- The speaking valve doesn’t provide any humidification. Most children require additional nebulisers while wearing the speaking valve.
- It may take a while for a child to build up the time that they can tolerate using a speaking valve. When the PMV is being introduced watch out for an increase in the child’s work of breathing. There is no benefit to pushing or stressing the child with the PMV. The speaking valve should be removed if you see an increase in the child’s work of breathing.
- It is not recommended to wear the speaking valve when the child is unwell as it places an additional workload on the child’s breathing.
- Speaking valves are contra indicated with cuffed tracheostomy tubes.
- Not all children have the capacity to produce voice, even so there may be benefits to wearing a speaking valve

WHAT ARE THE SIGNS THAT INDICATE THAT MY CHILD ISN’T TOLERATING THE PMV?

- Signs of difficulty breathing, increased rate of breathing.
- Use of the accessory muscles - sucking in of the muscles below the ribs, above the ribs and between the ribs, flaring of the sides of the nose.
- Loss of colour, any blueness or discolouration especially around the lips.
- Anxious or fearful facial expression.
- Choking, coughing or the valve keeps popping off.

If you notice any of the above symptoms, remove the speaking valve straight away.

The symptoms should disappear immediately. Contact a healthcare professional, if you are concerned or the symptoms persist.

HOW LONG CAN MY CHILD WEAR THE SPEAKING VALVE FOR?

Once your child has been deemed suitable for a speaking valve the plan to progress the time that they spend wearing the speaking valve will be discussed with you. Every child is different, some children can tolerate wearing the speaking valve for 4 or 5 hours on the first day, others tolerate it for 4 or 5 minutes and will need to build up the time that they wear it gradually. For some children it can be frightening sensation not being able to breathe out through the tracheostomy tube. It is recommended that you tell the child that you are going to place the speaking valve before doing so. Distraction or engaging in an activity that the child usually enjoys is a good time to place the speaking valve.

How is the speaking valve fitted?

After your child has been assessed as suitability for a speaking valve the valve will be gently fitted to the end of the tracheostomy tube taking care not to press down on the child’s airway. It is securely fitted so that it doesn’t accidentally “pop off” when the child coughs.

HOW DO I CARE FOR THE SPEAKING VALVE?

It should be washed in warm water with a small amount of mild washing detergent added; rinsed and left to air dry. Once dry it should be stored in an airtight container. Do not use bleach, vinegar or brushes to clean the speaking valve. The PMV speaking valve is guaranteed to last 2 months, they often last longer. Check that the membrane is intact before each use.

HOW DO I ORDER A SPEAKING VALVE?

The ordering details are usually on the repeat tracheostomy supply list and can be ordered through your Public Health Nurse or community care team.

WHEN SHOULD I CONTACT THE ENT TEAM OR THE SPEECH AND LANGUAGE THERAPIST?

If your child previously tolerated the speaking valve and no longer does or if you have any queries or concern.
For more information on **SPEAKING VALVE** please contact ENT Department in Our Lady’s Children’s Hospital, Crumlin, Dublin.

**CONTACT DETAILS:**

Direct Line: 6038 / Phone 01 409 6100 Bleep 8662

**REMEMBER**

Ask your nurse if you are unsure about anything about your child’s care.

**Additional instructions**

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Department of Nursing