

# ABOVE-CUFF VOCALISATION (ACV) FOR PATIENTS WITH ICU TRACHEOSTOMY TUBES



This technique **only** works for patients with Portex Cuffed Suctionaid tracheostomies. It allows patients to vocalise **without** deflating the tracheostomy cuff, ensuring airway protection during this procedure.

## 1 PREPARE PATIENT:

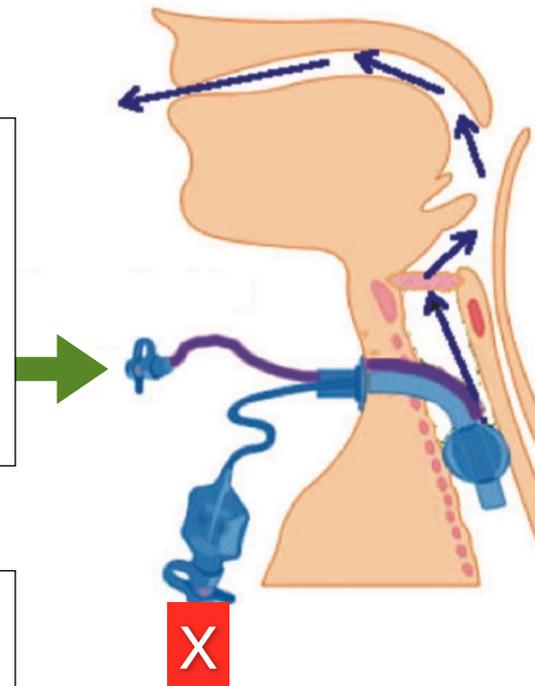
- **Explain** the technique to the patient & that oxygen will be flowing into their mouth which may feel strange
- **Suction** through the **tracheostomy** inner to clear secretions below the cuff
- **Suction** in the patient's **mouth & pharynx**
- **Aspirate** the Suctionaid **subglottic tracheostomy port** to clear secretions above the cuff

## 2 PREPARE EQUIPMENT:

- Attach **oxygen tubing** to wall oxygen flow meter
- Insert the **ACV valve** between other end of oxygen tubing & Suctionaid port on the tracheostomy
- **DO NOT ATTACH ANYTHING TO BLUE CUFF RESERVOIR BALLOON**

## 3 ENABLE ACV:

- Turn on oxygen at wall, slowly increasing flow to a **maximum of 5 l/min**
- Place a finger over hole on side of the ACV valve to divert oxygen flow into the patient
- Ask the patient to slowly try to speak
- Phonation may be variable, depending on how long the tracheostomy has been in-situ and vocal cord function. Results may vary from hour-to-hour or day-to-day. Explain this to the patient if they are unable to speak
- Once complete, turn off oxygen at the wall and disconnect the tubing from the subglottic port, leaving the ACV valve attached to the tubing. Replace the cap over the subglottic port.
- **Do not leave oxygen flowing into the port as this will dry secretions in the upper airway.**



*The subglottic port should be aspirated routinely every 4-6 hours. Volumes aspirated should be recorded on the fluid balance chart. (See separate subglottic secretion aspiration guide)*