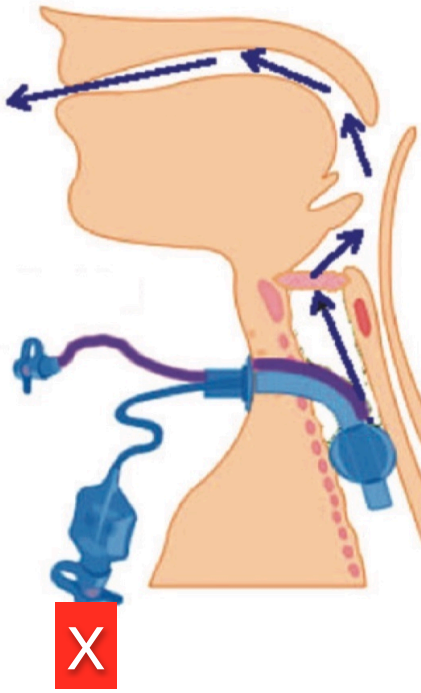
ABOVE-CUFF VOCALISATION (ACV) FOR PATIENTS WITH ICU TRACHEOSTOMY TUBES

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. **Do not initiate ACV until established by SLT/CNS.**

1 PREPARE PATIENT:

- **Explain** the technique to the patient & that oxygen will be flowing into their mouth & throat which may feel strange
- **Suction** through the **tracheostomy** inner to clear secretions below the cuff
- **Suction** in the patient's **mouth & base of tongue**
- **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 (green arrow above)
- **DO NOT ATTACH ANYTHING TO THE BLUE CUFF RESERVOIR BALLOON**

3 ENABLE ACV:

- Turn on oxygen at wall to flow recommended by SLT. **Do not exceed 5 l/min**
- Occlude ACV valve with thumb to divert oxygen flow into the patient
- *Advise the patient they can try to speak*
- Phonation may be variable. Explain this if patient unable to speak
- **Each ACV session must not exceed 15 minutes in duration**
- Once complete, turn off oxygen at wall and disconnect tubing from subglottic port. Replace cap over subglottic port
- Put ACV valve in labelled plastic container at the bedside
- ACV can be used for other things such as swallow training; please refer to SLT instruction

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)

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Diagram from McGrath et al, JICS 2018