

"I no longer feel

scared when I have

my voice"



Above Cuff Vocalisation in Intensive Care Elizabeth Montgomery (Speech and Language Therapist)

Background:

Above cuff vocalisation (ACV) is a technique for restoring airflow to the upper airway which aims to facilitate speech in patients with a cuff-inflated tracheostomy tube (McGrath est 2018, Petosic et al 2021). ACV may also have a positive effect on secretion management and swallowing, but the impact of this is under reported (McGrath 2019).

Project Aim: To improve communication and secretion management in patients on Intensive care with cuffed tracheostomy tubes.

Above cuff voicing Subglottic suction

Method:

ACV has been delivered to 9 patients on Intensive Care. All patients were mechanically ventilated via a tracheostomy and unable to tolerate cuff deflation due to high respiratory support. Cardiothoracic ICU: 4 patients, Neuro ICU: 2 patients, General ICU: 3 patients.

Effectiveness of ACV	Percentage of Patients
Voice Achieved	75%
Improved Communication	62.5%
Increase in spontaneous swallowing	100%

Complications from ACV	Percentage of patients
Nausea	25%
Vomiting	12.5%
Increase in oral	25%
suctioning	
Patient asked to stop	37.5%

"The air is too

dry and cold"

FEES carried out during ACV with two patients.

Improved secretion management seen, rated via

New Zealand Secretion Scale (NZSS).

Patient 1:

NZSS score with cuff up: 7

NZSS score with ACV: 4

Patient 2:

NZSS score with cuff up: 7

NZSS score with ACV: 5

- requires further reporting.
- More data is needed to assess the positive effects on secretion management and swallowing.
- Train "ACV champions" within the nursing team to help to roll out training when needed.
- ACV teaching is now part of the trust's advanced tracheostomy study day.

Next Steps

"I feel like a

person again"

- Patient feedback and tolerance of ACV

Changes made to MDT practise

- ACV will continue to be used on Intensive Care.
- Consultants, Nursing Staff and Physiotherapists will continue to identify appropriate patients.
- Use of subglottic tracheostomy tubes are being used routinely.
- ACV has remained therapy led for majority of patients. Barriers to nursing training have been identified. Infrequent need for ACV makes maintenance of competencies and confidence difficult.