The use of the Passy Muir Valve with COVID-19 Veno-venous Extra Corporeal Membrane Oxygenation patients; a case series.

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# Introduction

Our Trust is a large academic and Veno-Venous Extra Corporeal Membrane Oxygenation (VV ECMO) national centre. During the first COVID-19 surge, our centre supported 35 patients using VV ECMO. This case series details the use of the Passy Muir one-way speaking valve (PMV) with four COVID-19 patients on VV ECMO; a new practice at our centre.

The use of the PMV is led by the Critical Care Area (CCA) Physiotherapists and has been used since 2019. Its use is infrequent due to the acuity of the patient cohort.

The four patients discussed had made little progress with their respiratory wean. They were unable to tolerate cuff deflation and therefore could not wean onto a conventional speaking valve despite increased ECMO support.





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- Safe to use with these four patients
- Early indications that PMV safe to use with COVID-19 patients on VV ECMO
- Positive impact on patient care; communication and oral intake
- Conclusion • Further education and training is required

#### Image 1. COVID-19 patient on VV ECMO using PMV.



#### Figure 4. ECMO and ventilator settings during first PMV trial.

Patient	ECMO settings 1 <sup>st</sup>	Ventilator settings 1 <sup>st</sup>
	session	session
One	RPM: 3,700	PS/CPAP
	Sweep: 10	PS 16/ PEEP 5
	Flow: 3.8 L/min	VT: 253 ml
	FiO2: 100%	

#### Figure 1. Objective data from the four patients reviewed.

Obiestive data	Results		
Objective data	Mean	Range	
Age	45	38-46 years	
Length of stay	123 days	73-142 days	
Day of first PMV session	Day 82	Day 62-109	
Total number of PMV sessions per	10.7 trials	1-33 trials	
patient			
Length of each PMV session in	16.6 minutes	2-60 minutes	
minutes			

#### Figure 2. Subjective data from the four patients reviewed.

Subjective data	Results
Barriers to PMV use	• Lack of consultant agreement on one
	occasion
	Increased sedation
	Cardiovascular instability
	Patient consent
	Physiotherapist availability
Reason for stopping PMV session	• Time pressures on Physiotherapist
	Coughing
	Patient request
Adverse events	Hypotension
	Coughing

Strong

voice

### Figure 3. MDT involvement, feedback and voice quality.



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