

# MedSLP Education

## Trach, Vent and Respiration for the SLP

### CEU Quiz Questions

1. Presence or absence of subglottic air pressure impacts which of the following functions?
  - a. Swallowing
  - b. Airway protection (effective cough)
  - c. Neither A nor B
  - d. Both A and B
  
2. It is acceptable to give a patient with nasotracheal intubation ice chips to relieve a dry mouth and provide some range-of-motion exercise to the muscles in the upper aerodigestive tract.
  - a. True
  - b. False
  
3. Which of the following best describes the phases of cough?
  - a. Arytenoid adduction - inhalation - phonation
  - b. Inspiration - compression - expulsion
  - c. Activation - phonation - resonance
  - d. Exchange of O<sub>2</sub> and CO<sub>2</sub> across the alveolar membrane.
  
4. The dividing point between the upper and lower airways is the true vocal folds.
  - a. True
  - b. False
  
5. Which of the following is NOT an acceptable method for reinflating a tracheostomy cuff after you are finished with a Passy-Muir Valve trial?
  - a. Minimal leak technique
  - b. Minimal occlusion technique
  - c. Just put back in about 8 CC of air using a syringe. This is typically the amount needed.
  - d. Use a Cufflator to insert enough air so the pressure reading is around 20-25 cc/H<sub>2</sub>O
  
6. Which of the following is NOT appropriate to do as early intervention in the ICU with a trach/vent patient?
  - a. Wearing a Passy-Muir Valve to stimulate the upper airway and provide opportunities for breathing, coughing, and re-establishing sensation. It is ok if they cannot yet produce voice.
  - b. Expiratory Muscle Strength Training (EMST) while a Passy-Muir Valve is being worn.
  - c. Have the patient call a family member on the phone while wearing the Passy-Muir Valve to target vocal loudness and intelligibility.
  - d. Repetitive full lingual protrusion and rapid lateralization of the tongue outside the mouth. This helps with functional oral swallowing skills.

7. Which of the following is NOT beneficial when trying to establish an interdisciplinary trach team?
  - a. Provide education within the team at monthly or quarterly meetings.
  - b. Work together to establish a policy and procedure.
  - c. Always appoint either a Respiratory Therapist or Pulmonologist to be the team leader; you must have one or the other in the lead role.
  - d. Make trach education and the function of the trach team part of new-employee orientation and annual orientation.
  
8. Which of the following changes can occur in the upper airway following long-term ventilatory support with an inflated cuff?
  - a. Desensitization of the upper airway.
  - b. Lower lung volumes at baseline.
  - c. Faster respiratory rate.
  - d. Preservation of upper airway muscle function, as the muscles have had an opportunity to rest during that period of time.
  
9. Which of the following best describes "leak speech?"
  - a. The patient has loss of saliva out the mouth when attempting to speak.
  - b. This is what a patient does with a Passy-Muir Valve on while receiving trach collar oxygen delivery at 2 liters per minute.
  - c. This is produced when a vent patient has the trach cuff deflated while still attached to the ventilator. Some of the exhaled air is directed through the upper airway to produce voice, while the remainder goes back into the circuit. Voice is usually very weak using this method.
  - d. This is when you've done a blue dye swallowing assessment on a trach patient and they have blue return come out of the trach tube when speaking.
  
10. Swallowing and Coughing can both occur reflexively, but neither are simple reflexes, evidenced in two different ways. First, motor output for coughing and swallowing can be modified by the afferent input processed through cortex and subcortex. Second, both can be produced voluntarily.
  - a. True
  - b. False