

Respiratory Therapist Skills List & Competency Quiz

** The following items may be utilized to gauge Respiratory Therapists' product understanding based on the Blom® Tracheostomy Tube System "Directions for Use".

Facilities may need to alter these based on institutional protocols. Demonstrating knowledge of these does not guarantee product competency. Facilities should refer to their own training and education policies to determine proficiency.

The RT should be able to demonstrate knowledge of the following:

- The names of the four Blom Inner Cannulas
- That the Standard and Subglottic Suction Cannulas should be changed at least every 24 hours, or Q ____ hours per facility protocol
- That the Subglottic Suction Cannula may be used either at low continuous suction at 20-30 mm Hg, or at high intermittent suction at 100-150 mm Hg
- If the Subglottic Suction line becomes clogged, it should be removed and flushed outside of the patient. If the secretions cannot be cleared, replace it with a new cannula
- The LPV™ (Low Profile Valve) is for use with spontaneously breathing patients
- The LPV is re-useable for 60 days
- The LPV should be rinsed after intermittent use with saline or warm water, and cleaned with warm water/ fragrance-free soap for storage
- DO NOT USE HOT WATER, PEROXIDE, BLEACH, VINEGAR, ALCOHOL, BRUSHES OR COTTON SWABS TO CLEAN THE SPEECH CANNULA OR LPV.
- A patient using the LPV should also have a Standard or Subglottic Suction Cannula with them at all times in the event that bagging or ventilation is needed

When the Speech Cannula is utilized, the RT should also have knowledge of the following:

- The Speech Cannula is re-usable for 60 days and cleaned in the same manner as the LPV
- The Speech Cannula does not require cuff deflation
- Signs of respiratory distress and lack of Speech Cannula tolerance
- The EVR™ (Exhaled Volume Reservoir) may be useful in the management of low volume alarms with some ventilators
- The Speech Cannula should only be used by a patient with a patent, unobstructed airway

** The following are **suggested questions** based on information provided in the Blom® Tracheostomy Tube System "Directions for Use" which facilities may utilize to gauge Respiratory Therapists' product understanding.

Facilities may need to alter these based on institutional protocols. Answering the following questions does not guarantee product competency. Facilities should refer to their own training and education policies to determine proficiency.

- A continuous high pressure limit alarm may indicate valve or airflow obstruction

Quiz Questions

1. T/F: There are four Blom Inner Cannulas: The Standard Cannula, Subglottic Suction Cannula, Speech Cannula and LPV™ (Low Profile Valve).
 - True
 - False
2. The Subglottic Suction Cannula may be used
 - A. With intermittent suction at 100-150mm Hg
 - B. With continuous suction at 20-30 mm Hg
 - C. Prior to cuff deflation
 - D. All of the above
3. T/F: A patient using the LPV should also have a Standard or Subglottic Suction Cannula with them at all times in the event that they need to be bagged or ventilated.

- True
 - False
4. T/F: If the Subglottic Suction Cannula gets clogged with secretions, leave it in the patient and flush saline through the suction line to clear the mucous.
- True
 - False
5. Which of the following statements is false?
- A. All of the Blom Inner Cannulas should be discarded after each use
 - B. The Standard and Subglottic Inner Cannulas should be replaced at least once every 24 hours
 - C. The Speech Cannula is re-usable for 60 days
 - D. The LPV is re-usable for 60 days
6. T/F: Wire brushes and HOT water should be used to clean the Speech Cannula and LPV.
- True
 - False

Additional suggested questions for Speech Cannula utilization:

1. T/F: The Speech Cannula may only be used when the cuff is deflated.
- True
 - False
2. Which of the following is NOT contraindicated when using the Speech Cannula?
- A. A PEEP of 12
 - B. A FiO₂ of 75%
 - C. Tracheomalacia
 - D. Moderate secretions requiring suctioning 2-3 times/hour
3. T/F: The Speech Cannula should be removed if the ventilator high-pressure limit alarm sounds continuously.
- True
 - False
4. T/F: The Speech Cannula may NOT be used with a spontaneously breathing/non-ventilated patient.
- True
 - False
5. Which of the following is NOT true about the EVR™ (Exhaled Volume Reservoir):
- A. It is a bellows device that traps a small amount of inspired air and returns it to the ventilator during exhalation to help negate low volume alarms during Speech Cannula use.
 - B. The EVR traps approximately 75 ml of gas per breath.
 - C. It is not needed/useful with all ventilators. Practitioners may obtain more information regarding use of the EVR and how it interfaces with specific ventilators at www.pulmonary.com or by contacting Pulmonary's Clinical Specialist.
 - D. It must be removed from the circuit whenever Speech Cannula use is terminated.