INTRODUCTION
Music is an understudied intervention for mechanically ventilated critically ill patients with large benefits. Conscious and intubated patients in Critical Care are commonly subjected to high level of anxiety, agitation and pain related to intubation and clinical procedures, which could have a noxious impact on their clinical condition (Dewey et al., 2013). Music therapy has been found to improve the emotional and physiological well-being of patients in Intensive Care Unit (ICU). It helps eliminate the need for pharmacological interventions to control agitation, pain and anxiety (Saasatmand, 2015). Many studies have proven music as an effective therapy in treating anxiety, pain and sedative exposure.

METHOD
Data was collected using online databases such as CINAHL, Science Direct, PubMed, Google scholar and MEDLINE. The criteria included articles written in English over the last 10 years. CASP tool was used to critically analyse the reliability and validity of the studies and of the 46 articles, 4 relevant articles were selected.

Keywords: music therapy, anxiety, stress, weaning, ICU or critical care, sedation, pain and mechanical ventilation

RESULTS
Linda L. Chian et al. revealed that music can decrease the pain and anxiety using the VAS score assessment tool and helped increasing the comfort level. Hallice Cifco (2015) found that music does not only reduce anxiety but also minimizes sedative exposure, which can help reduce cost and interestingly music could be self initiated by the patient. However, Chia-Hsiang Lee et al. (2017) used cortisol as a biomarker to examine the effects of stress and anxiety in the mechanically ventilated patient. Music therapy is anxiety reducing, non invasive nursing intervention which helps patients cope with stress better in a stressful ICU environment. The Society of Critical Care Medicine (2013) recommends the use of nonpharmacological interventions acknowledging the fact that not many studies have been published. Music is a non pharmacological and inexpensive treatment which when initiated by the patient will give them a sense of control in Intensive Care where their sense of autonomy has been compromised.

KEY MESSAGES
- INEXPENSIVE Compared to analgesia and sedation
- Safe
- Reduction in pain
- Increased relaxation
- Lowered stress
- Decreases Anxiety
- Enhances sleep quality
- Cancels out other sounds in ITU
- Minimal/No side effects
- Can be carried out by volunteers

CONCLUSION AND DISCUSSION
Further research is needed in organizing in-service training courses for nurses, so that music may be used as a non-pharmacological tool by nurses in the future.

Music therapy should be encouraged in every critical care setting as it is cost effective, simple and non invasive which results in better patient outcomes.

More nurse led researches based in the UK are recommended, to determine if music therapy can help reduce ICU length of stay, reduce medication cost, ventilator time and help improve patient experience admitted in Intensive Care Units.