Standardised Algorithm: Communication Strategies for Conscious Mechanically Ventilated Patients

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BACKGROUND
Nowadays, long term mechanically ventilated patient in critical care unit are often managed with minimal sedation. Due to orotracheal intubation or tracheostomy, patients are deprived of their capability to speak.

Modes of communication are difficult in patient requiring mechanical ventilation. Aside from this, there can be a number of patients that can either be motor and/or cognitively impaired. The patient’s loss of ability to speak to emotions often lead to anxiety and frustration.

Patients will benefit from nurses’ initiative to improve communication strategies to patients. The idea of promoting care gives an idea of utilising an algorithm for change and improvement. This algorithm can be used by nurses in order to identify the most suitable and effective alternative and augmentative communication tool based on patient’s cognitive and physical health.

AIM
- To improve the current communication strategies in CUH Adult Intensive Care Units.
- To develop a standardised algorithm for selecting communication tools with conscious mechanical ventilated patients in promoting individualised and quality patient care.

METHODS
- Exploration of standardised algorithm in collaboration with multi-disciplinary team.
- The different assistive communication method used in the algorithms will be limited to what is currently in practice at CUH Adult Intensive Care Units.
- Questionnaire survey for nurses, to explore the possible effect of the algorithm to our current practice.

CONCLUSION
Personalised interventions aim to promote patient-centred care. Communication is a vital component in delivering essential care in patients. This standardised communication algorithm can be used to provide information to both healthcare provider for proper planning based on patient’s needs.

Most of the respondents agreed that the algorithm is clear and easy to understand, useful for practice and applicable for our patients. It makes them feel comfortable in exploring communication methods suitable for the patient.

Further analysis is needed to measure the effect of the algorithm through patient feedback in Intensive Care Unit.

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