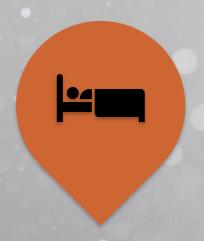
ICU CLINICAL SKILLS SERIES COMMUNICATION

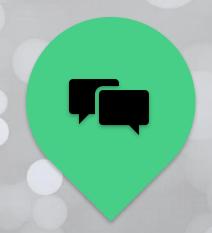
LAURA DEAK SPEECH AND LANGUAGE THERAPY

LAURA.DEAK2@NCA.NHS.UK

WHAT WILL BE COVERED TODAY



WHO IS AT RISK OF COMMUNICATION DIFFICULTIES ON CCU?



TYPES OF COMMUNICATION DIFFICULTIES ON CCU



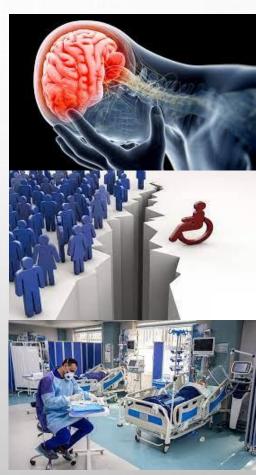
WHAT WE CAN DO TO HELP

WHAT PUTS PEOPLE IN ICU AT RISK OF HAVING COMMUNICATION DIFFICULTIES?

Medical diagnosis

Language / Social /Cultural

Critical Care related



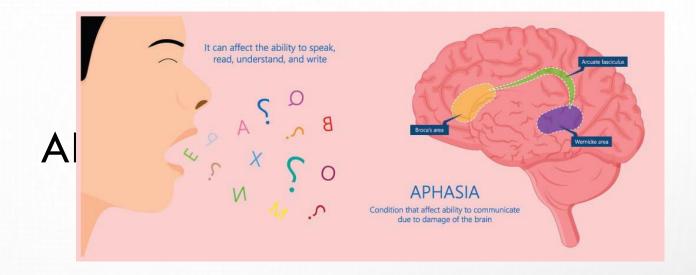
WHAT PUTS PEOPLE IN ICU AT RISK OF HAVING COMMUNICATION DIFFICULTIES?

- VISION / HEARING IMPAIRMENT
- NOT SHARING A COMMON LANGUAGE
- COGNITIVE IMPAIRMENT
- LEARNING DIFFICULTY
- PRE EXISTING COMMUNICATION DIFFICULTIES
- NEGATIVE EMOTIONAL STATE
- COGNITIVE IMPAIRMENT INCLUDING DELIRIUM
- ENDOTRACHEAL TUBES
- SEDATION
- TRACHEOSTOMY

WHAT PUTS PEOPLE IN ICU AT RISK OF HAVING COMMUNICATION DIFFICULTIES?

- FATIGUE
- ICU ACQUIRED WEAKNESS
- NEUROLOGICAL IMPAIRMENT
- LACK OF TOOLS THAT CAN SUPPORT COMMUNICATION
- PAIN
- REQUIRING ADVANCED RESPIRATORY SUPPORT
- CULTURAL BARRIERS
- LACK OF COMMUNICATION SUPPORT TOOLS
- LACK OF ACCESS TO COMMUNICATION ASSESSMENT AND ADVICE

COMMON TYPES OF COMMUNICATION IMPAIRMENTS YOU MIGHT COME ACROSS ON ICU



- SOMETIMES WRITTEN AS DYSPHASIA
- COMMON AFTER STROKE AND OTHER ACQUIRED BRAIN INJURIES AND OTHER CONDITIONS
 AFFECTING THE BRAIN SUCH AS DEMENTIA AND MULTIPLE SCLEROSIS.
- IT IS AN ACQUIRED LANGUAGE DISORDER
- CAN IMPACT VERBAL EXPRESSION, VERBAL COMPREHENSION, READING, WRITING AND USING AND UNDERSTANDING GESTURES / SIGN LANGUAGES
- CAN RANGE FROM A MILD TO PROFOUND LANGUAGE DIFFICULTY
- USUALLY AFFECTS ALL LANGUAGES KNOWN TO THE PERSON WITH APHAISA BUT THEY CAN BE AFFECTED AT DIFFERENT LEVELS
- BROCA'S APHASIA (NON-FLUENT APHASIA) YOUTUBE
- FLUENT APHASIA (WERNICKE'S APHASIA) YOUTUBE

Symptoms of Aphasia



Trouble speaking clearly



Trouble understanding speech



Trouble writing clearly









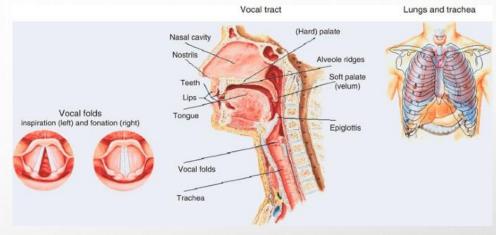
Trouble remembering object names



A FEW TIPS FROM A SPEECH AND LANGUAGE THERAPIST...

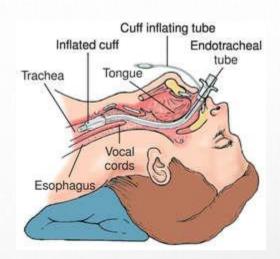
- ANY REQUIRED GLASSES AND HEARING AIDS SHOULD BE IN PLACE
- REMOVE DISTRACTING NOISES OR OBJECTS FROM THE ENVIRONMENT SUCH AS A TV OR CLUTTERED TABLE TO MAKE COMMUNICATION EASIER
- YES AND NO RESPONSES CAN BE MIXED UP!
- SOME PEOPLE MAY TRY AND MASK THEIR DIFFICULTIES "NODDING AND SMILING ALONG" AND RESPONDING TO PEOPLE'S BODY LANGUAGE AND FACIAL EXPRESSION
- SOME PEOPLE DON'T KNOW THEY HAVE APHASIA AND THINK THEY ARE UNDERSTANDING AND TALKING WELL WHEN
 THEY ARE NOT (WHILE OTHER PEOPLE WITH APHASIA KNOW ONLY TOO WELL AND MAY FEEL FRUSTRATED AND
 EMBARRASSED)
- VISUAL COMMUNICATION CAN OFTEN BE RELATIVELY INTACT I.E. RECOGNISING PICTURES, OBJECTS, FACIAL EXPRESSIONS, BODY LANGUAGE. TONE OF VOICE CAN ALSO BE HELPFUL.

DYSARTHRIA



- SENSORI-MOTOR SPEECH DISORDER OFTEN SEEN AS "SLURRED SPEECH" IN MEDICAL NOTES.
- COMMON AFTER STROKE AND OTHER BRAIN INJURIES. ALSO SEEN IN MANY NEUROLOGICAL CONDITIONS INCLUDING PARKINSON'S DISEASE, MND AND DEMENTIA.
- IT CAN BE RELATED TO ICU RELATED WEAKNESS AND SEEN AFTER INTUBATION
- TRAUMA TO SPEECH STRUCTURES
- DENTURES ABSENT IMPACTS ARTICULATION





- VOICE DISORDER
- AGAIN CAN BE CAUSED BY MANY NEUROLOGICAL CONDITIONS INCLUDING BRAIN INJURY OR DAMAGE TO THE LARYNGEAL NERVES
- ALSO LARYNGEAL PATHOLOGIES SUCH AS CANCERS, TRAUMA AND POLYPS
- ASSOCIATED WITH POOR RESPIRATORY FUNCTION, COMMONLY SEEN AFTER ENDOTRACHEAL TUBE PLACEMENT.
- COMMONLY SEEN IN PATIENTS SUFFERING ICU RELATED WEAKNESS
- CAN RANGE FROM MILD ISSUE TO COMPLETE LOSS OF THE VOICE

VOICE AND SPEECH ISSUES CAN BE MADE WORSE BY

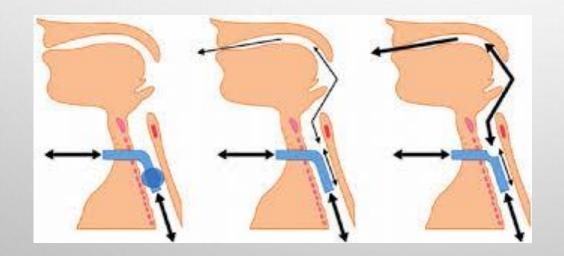
POOR ORAL CONDITION - ADDED BONUS OF MOUTH CARE IS IT CAN HELP SOMEONE TALK!



DRY MOUTH AND THROAT – DRIED MUCOSA IMPACTS THE SOUND SOMEONE CAN PRODUCE, ADDING MOISTURE CAN BE VIA SIPS OF WATER, SALIVA REPLACEMENT PRODUCTS OR NEBULISERS.

TRACHEOSTOMY TUBE RELATED COMMUNICATION IMPAIRMENT

PATIENT'S TRACHEOSTOMY TUBE WITH A CUFF INFLATED (LIKE PICTURE 1) WILL BE <u>UNABLE</u>
 TO USE THEIR VOICE



The person may use mouthing

COGNITIVE COMMUNICATION IMPAIRMENT

- DELIRIUM
- BRAIN INJURY
- ICU SYNDROME SOME SYMPTOMS MAY BE LONG TERM

- Talk too much or too little CI
- Only talk about themselves or their own interests
- Trouble starting or finishing conversation
- Goes off topic at random or unable to change topic
- Not able to reads social cues e.g. "I have to go now"
- Overly emotional or aggressive
- Saying things that are not true (but believing they are)
- Say things that others may find embarrassing or rude
- Not respecting personal boundaries
- Repeat the same information many times
- Have no insight into their difficulties or how their behaviour affects others
- Get tired or overwhelmed when having conversations

DELIRIUM: SOME SYMPTOMS THAT AFFECT COMMUNICATION Rapid incoherent speech

Passive not communicating / responding

Word substitutions errors

Not orientated to time, person or place

Heightened or depressed emotional states

Unlikely to be using speech strategies!

VIDEO CLIPS

- 1:30 –1:49
- 2:40 4:48
- 9:15 11:00
- 12:21 13:50



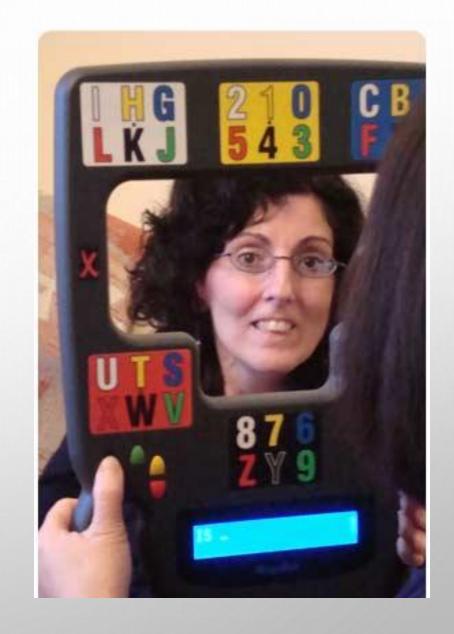
A QUICK WORD ON HIGH TECH AAC

- YOU SAW AN EYE GAZE DEVICE ON THE VIDEO THAT WAS HIGH TECH
- WHILE THIS MAY BE HELPFUL FOR SOME PEOPLE,
 FOR EXAMPLE THOSE WITH LONG TERM
 PROFOUND MOTOR SKILLS LOSS, BUT INTACT
 COGNITION AND EYE MOVEMENT SUCH AS THOSE
 WITH SEVERE HIGH CERVICAL SPINAL CORD
 INJURIES OR SEVERE BRAINSTEM INJURY, THEY ARE
 COMPLICATED TO SET UP AND HARD TO LEARN
 HOW TO USE. SOMETIMES IT IS BEST TO START
 WITH MORE STRAIGHTFORWARD PAPER BASED OR
 PLASTIC EYE SCANNING CHARTS OR THE
 MEGABEE...

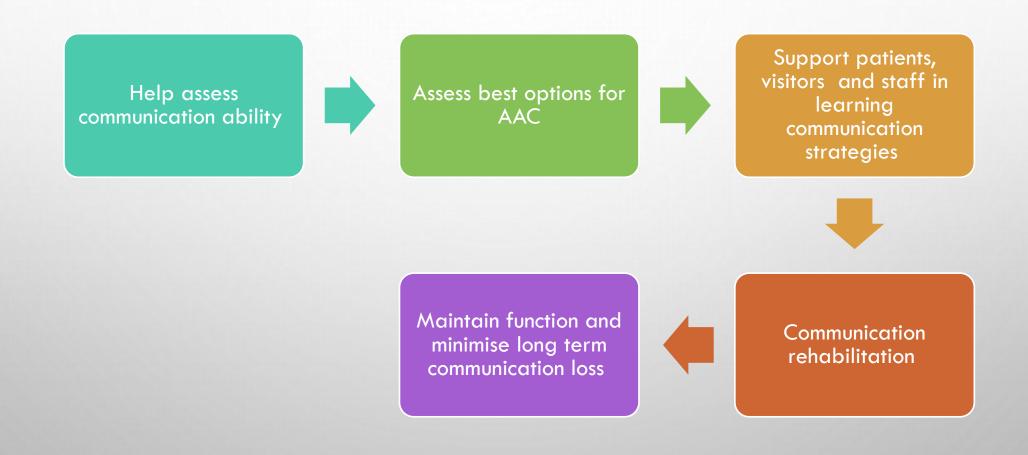
MEGABEE

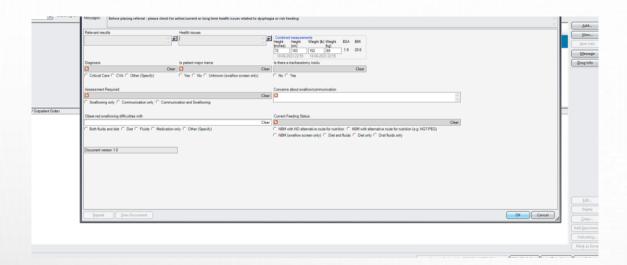
- AN ELECTRONIC DEVICE TO USE WITH PATIENTS THAT ARE USING EYE SCANNING.
- THE MEGABEE IS AVAILABLE TO LEND TO PATIENTS ON THE UNIT . ASK YOUR SUPERVISOR FOR ACCESS.

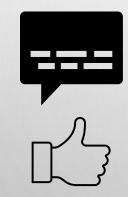
 THEY ARE MEGABEE CHAMPIONS ON THE WARD OR ASK SPEECH AND LANGUAGE THERAPY IF YOU WOULD LIKE HELP TO USE THIS WITH YOUR PATIENT.



SPEECH AND LANGUAGE THERAPY CAN...





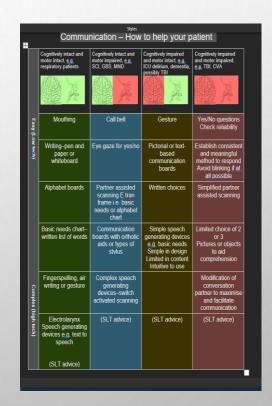


Speech and Language Therapy can support you and your patients with communication needs. REFERRALS FOR
COMMUNICATION
CAN BE PLACED ON
EPR. CLICK "ENTER
ORDER" AND
SEARCH FOR SPEECH
AND LANGUAGE
THERAPY

WHILE YOU WAIT...

COMMUNICATION – HOW TO HELP YOUR PATIENT

TO HELP YOU AND YOUR PATIENT IN THE MEANTIME.

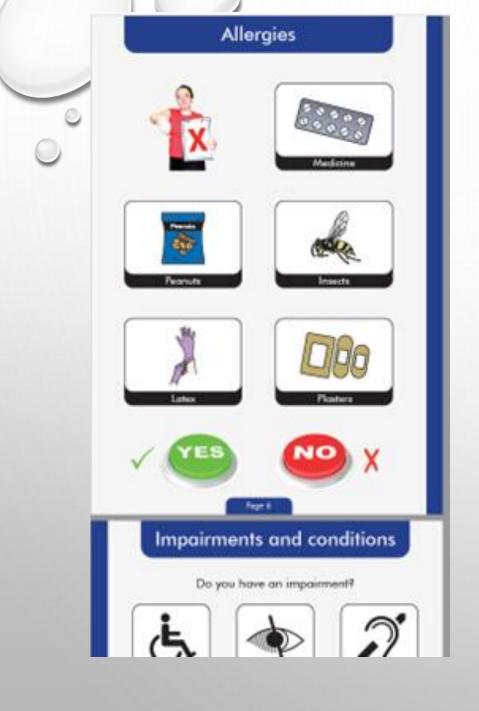


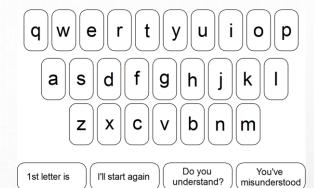
TOOLS THAT CAN SUPPORT COMMUNICATION

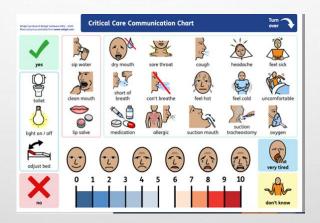
- PEN AND PAPER / WHITE BOARDS
- NON VERBAL COMMUNICATION
- OBJECTS OF REFERENCE
- LANGUAGE MODIFICATION
- PICTURES
- SMART PHONES AND TABLETS INCLUDING ACCESSIBILITY SETTINGS AND APPS
- TIMING
- DIARIES
- GOOD OBSERVATION SKILLS OF PATIENTS NON VERBAL COMMUNICATION
- COMMUNICATION CHARTS INCLUDING EYE GAZE

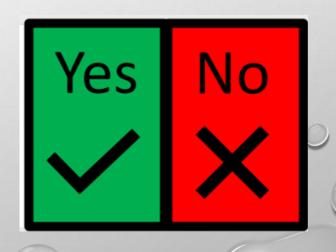
INTERPRETER SERVICES

- ALTERNATIVE AND AUGMENTATIVE COMMUNICATION EQUIPMENT INCLUDING THE MEGABEE
- CUFF DOWN TRIALS WITH AND WITHOUT SPEAKING VALVES
- EYE GAZE MACHINES
- MOUTHING









misunderstood

WHAT NEXT...

- I RECOMMEND WATCHING THE WHOLE OF THE TRAINING VIDEO ON AAC 17 MINUTES.
- LEARN TO USE THE MEGABEE WITH A MEGABEE EXPERT USER
- WATCH THESE VIDEOS ON YOUTUBE:
- DEMONSTRATION OF SPEAKBOOK: HOW IT WORKS YOUTUBE
- MEGABEE A SIMPLE COMMUNICATION DEVICE FOR PEOPLE WHO HAVE LOST THE ABILITY TO TALK YOUTUBE
- BROCA'S APHASIA (NON-FLUENT APHASIA) YOUTUBE
- FLUENT APHASIA (WERNICKE'S APHASIA) YOUTUBE
- DYSARTHRIA DIFFICULTY WITH SPEAKING YOUTUBE
- LEARNING DISABILITY TEAM PAGE ON INTRANET "HOSPITAL COMMUNICATION BOOK"
- INTERPRETER SERVICES AT YOUR HOSPITAL

THANK YOU

SPEECH AND LANGUAGE THERAPY TEAM:

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BLEEP 3114