Purpose

- Develop a teaching tool to educate patients and families about various communication and comfort techniques that are utilized with patients who are intubated in the Intensive Care Unit.
- Bridge the gap and strengthen communication between the healthcare team and family.
- Help understand and meet the needs of intubated patients in the intensive care unit.

Implementation

- 11 nonverbal communication techniques (Gorzin et al., 2020) that consist of:
  - Yes/no signaling, mouthing words, nodding/shaking head, nonverbal expressive actions, gestures, facial expression, writing, audible vocalization around breathing tube, and drawing.
- Visual communication cards, including colored pictures (Albayram & Yava, 2020)
  - Based on topics that affect intubated patients the most
  - Express the patient's need and emotions
- Development of eye-tracking and speech-generating technologies (Bodet-Contentin et al., 2018)
  - This new technology shows promising results with communication but is costly and is limited to certain hospitals.

Conclusion

- Communication is an important nursing role because it allows for teamwork and collaboration, mutual understanding, and improvement in patient care.
- Intubated patients feel anxious, confused, and discomfort in the intensive care unit, so it is imperative that the healthcare team alleviates their concerns to the best of their ability.
- The teaching tool not only helps the patient understand their communication methods in the hospital, but also helps the families of the patients understand the level of care that their loved ones are receiving.
- Three evidence-based practice represent the many communication strategies utilized in the hospital, with effective results.
- While some communication techniques are costly and limited to certain hospitals, other communication strategies are equally as creative at no cost.

Future Implications

- Evaluate the effectiveness of the three communication strategies in Lawrence + Memorial Hospital to determine which strategy is the most appropriate and suitable.
- Raise awareness about the need for more communication strategies available for the patients.
- Determine if eye-tracking and speech-generating technologies can be implemented in intensive care units at a lower cost.

Clinical Implications and Considerations

- Different communication methods can speak for the patient while they are intubated, which makes it easier for the nurse to understand the patient’s needs (Dryden-Palmer et al., 2016).
- Helps the nurse specialize interventions and care based on the patient’s response to communication strategies.
- Some communication techniques vary within each culture, including eye contact and facial expressions (Holman et al., 2019).
- As a nurse, we emphasize cultural sensitivity and allow the patients and their family members to inform us of their preferred communication strategy.

Significance to Nursing

- Ventilator-dependent patients in the ICU have trouble with communication due to intubation.
- COVID-19 has caused a significant rise in the number of patients seeking critical care (Jain & Yuan, 2020).
- 20.3 percent of patients with COVID-19 require intensive care unit admission and almost 75 percent of patients with COVID-19 admitted to the ICU need mechanical ventilation (Ullutas et al., 2021).
- When patients become intubated, they experience feelings of anxiety, discomfort, and confusion (Gorzin et al., 2020).
- Family members and caregivers also experience a lack of understanding and fear when their loved ones are intubated in the ICU.

Background

- It is important for the professional nurse to inform the family members or caregivers that although their loved ones are in critical condition, they remain safe, comfortable, and are receiving optimal care in the Intensive Care Unit.
- By using different communication strategies with the patient, the nurse can better understand the patient’s needs and priorities and advocate on the patient’s behalf more effectively.

References available upon request

Acknowledgements

Thank you to my preceptor, Mei Lin, and nurse educator, Nancy Bonner, for your constant support and guidance for this project. Also, thank you to the hard-working nurses, physicians, and the team at the Intensive Care Unit at Lawrence + Memorial for allowing me to research this topic and present it on your unit.