Care and communication with non-sedated ICU patients

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Communication before “non-sedation”

Wojnicki-Johansson (2001): *Functional communication* is successful communication as evaluated by patient and nurse


Ashworth (1985): Communication promotes patient identity
Communication before “non-sedation”

**Berglund and Bona** (1978): Inability to communicate while intubated is frustrating to the patient

**Bergbom et al.** (1992): Poor communication with intubated patients is frustrating for the staff

**Gjengedal** (1994): Poor communication is more frustrating for patients than for nurses

**Hafsteinsdottir** (1996): Poor communication leads to patient withdrawal
Communication before “non-sedation”

**Ashworth (1980), Leathart (1994)**
Low-tech unaided and aided communication systems
- Body language and touch
- Lip-reading and mimicking
- Facial expression
- Eye contact and blinking
- Yes or no questions
- Paper and pen
- Pointing screens, ABC-screen or spelling boards
Low-tech aided communication

- I AM
  - short of breath
  - in pain
  - choking
  - feeling sick

- I WANT
  - to be suctioned
  - lip moistened
  - water
  - to be comforted
  - to sleep

- I WANT TO SEE
  - doctor
  - nurse
  - family
  - chaplain

For infection control purposes, please do not reuse this board between patients.
Communication in “light sedation”

Tingsvik et al. (2013): Communication respects patient integrity, involvement and participation. Requirements:

- Increased presence
- Adaptation of the ICU environment
- Knowledge and experience
- Creativity
- Respect for the patient
- Patient involvement
A protocol of “no sedation”

Strøm et al. (2010) Odense, Denmark
A protocol of no sedation is feasible and reduces the duration of mechanical ventilation

A protocol of no sedation for critically ill patients receiving mechanical ventilation: a randomised trial

Thomas Strøm, Torben Martinussen, Palle Toft

Summary
Background Standard treatment of critically ill patients undergoing mechanical ventilation is continuous sedation. Daily interruption of sedation has a beneficial effect, and in the general intensive care unit of Odense University Hospital, Denmark, standard practice is a protocol of no sedation. We aimed to establish whether duration of mechanical ventilation could be reduced with a protocol of no sedation versus daily interruption of sedation.

Lancet 2010; 375: 475-80
Published Online
January 29, 2010
DOI:10.1016/S0140-6736(09)62072-9

Awake in ICU: Ingrid Egerod
Length of ICU stay: sedated vs non-sedated

Figure 2: Kaplan-Meier plot of length of stay in the intensive care unit and number at risk from admission to 28 days
Nurse experience of “no sedation” - a field study (2015)

How is ICU nursing affected when patients are awake?

Original Article

Nurses’ experiences of caring for critically ill, non-sedated, mechanically ventilated patients in the Intensive Care Unit: A qualitative study

Eva Laerkner, Ingrid Egerod, Helle Ploug Hansen
Nurse experience of “no sedation”
- a field study (2015)

Demanding, yet rewarding
- Nurses feel more exposed (no place to hide)
- Enjoy better communication and interaction

Caring for and with the patient
- Providing necessary patient care
- Respecting patient preferences
Nurse experience of “no sedation”
- a field study (2015)

Negotiating relational and instrumental care

- Caring while communicating
- *Easier for younger nurses* that have not experienced deep sedation

Managing physical and emotional closeness

- Nurses become *more attached to the patient*
- Nurses see the patient as a unique individual
How is ICU nursing affected when patients are awake?

Mortensen CB, Nørregaard MB, Egerod I. Caring for non-sedated mechanically ventilated patients in ICU: a qualitative investigation of nurses in five ICUs with varying experience. 2015

<table>
<thead>
<tr>
<th>Dyads</th>
<th>Years of experience</th>
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Nurse experience: dyads

Many frustrations
  • Poor communication, more demands, delirium

Dialogue as the ideal
  • Often poor communication

Different realities
  • Often more demanding patients

The suffering patient
  • Often more patient discomfort
Nurse experience: dyads

Frustrations
Experienced nurses are used to being in control. Poor communication means loss of control. Frustrated nurses are apt to avoid the patient.

"I like non-sedated patients, but it’s also frustrating … they point and try to say things … I don’t understand … I don’t know what they want.”
Nurse experience: dyads

Dialogue as the ideal
Good nursing means good communication, but nurses lack the tools. Inexperienced nurse:

“It is hard when they can’t use a spelling board. They try to say something, but I can’t read their lips. It’s frustrating when I can’t understand what they want – it’s not much fun.”
Nurse experience: dyads

The suffering patient
Inexperienced nurses take non-sedation for granted. Experienced nurses question non-sedation and fear that awake patients suffer:

“Psychological care is a difficult balance. How long will he last before he is delirious … I question why it is so important to keep the patients awake”.

Awake in ICU: Ingrid Egerod
Patient experience of “no sedation” - a field study (2017)

How are ICU patients affected when they are awake?

A sense of agency: An ethnographic exploration of being awake during mechanical ventilation in the intensive care unit

Eva Laerkner\textsuperscript{a,b,*}, Ingrid Egerod\textsuperscript{c}, Finn Olesen\textsuperscript{d}, Helle Ploug Hansen\textsuperscript{a}
Patient experience of “no sedation” - a field study (2017)

A sense of agency

• Gaining trust from nurses: permission to readjust et-tube in mouth
• Agency: influence by initiating and participating in communication using
  • gestures
  • eye movement
  • lip reading
  • facial expressions
Patient experience of “no sedation” - a field study (2017)

The familiar in the unfamiliar situation

• Family presence:
  • “The family is my point of reference regarding reality.”

• Importance of personal items
Patient experience of “no sedation”
- a field study (2017)

Awareness of surrounding activities

• **Lack of attention**: Being awake during MV shows the ambiguity of having the need and will, but not the ability to get the nurses’ attention.

  • “When I was unable to speak, it was important to have **eye contact** with the nurses. I was insecure if I couldn’t get contact with anyone.”

• **Surplus of attention**: Some patients are bothered by constant surveillance.
Communicating with conscious and mechanically ventilated critically ill patients: a systematic review

S. ten Hooorn, P. W. Elbers, A. R. Girbes and P. R. Tuinman

Critical Care
Communicating with awake ICU patients (2016)

Aided high-tech communication tools

- Communication boards
- Speaking trach tube with inflated cuff
- Electrolarynx
- High-tech communication interventions
- Augmentative and Alternative Communication, AAC devices
Electrolarynx
https://www.youtube.com/watch?v=C4HOu78tSTw#action=share

Awake in ICU: Ingrid Egerod
The communication algorithm

Awake in ICU: Ingrid Egerod
Rigshospitalet

Ventilated patient

If yes

Is patient’s level of consciousness adequate? (RASS score ≥ -3)

If yes

Is patient’s cognitive level adequate? (CAM-ICU)

If yes

Provide primary and supportive therapy until cognition and consciousness improves

Evaluate:
- Auditory acuity
- Visual acuity (if vision is poor*)
- Language (native, preference)

Assess functional skills
In conclusion

• Non-sedated ventilated patients are more awake and need to communicate
• Lighter sedation might reveal delirium
• Caring for awake patients is rewarding/frustrating
• Being awake demonstrates agency/helplessness

• *Like all interventions*: communication needs to be individualized
Thank you