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Letter to the Editor

Patient communication in intensive care unit

Sir,

I appreciate the encouraging comments of Nagarajan Muthialu[1] regarding my letter on "Patient communication (SMS) in ICU."[2] I submit that a conscious patient on a ventilator can communicate better with touch pads – "ipad" of the Apple Company – Verbal Victor for children. WACOM India offers battery-operated pads by touch with pens or the finger. Kept on a wheeled trolley, it can be taken to the bed side, with no keyboard or language barrier.

Adequacy of noninvasive oximetric values for extubation can be explored to replace indwelling cannulae or arterial puncture.

Tracheal intubation and ventilation are emergency procedures to be terminated at the earliest. For a conscious patient, it is a major inconvenience, depriving speech and communication. If sedation is also withheld, hoping for early recovery, distress is higher. It is shown that duration of mechanical ventilation, weaning and stay in the intensive care unit (ICU) is reduced with specific weaning protocols.[3] Spontaneous breathing trial with a low-pressure support protocol was effective to reduce weaning time and length of ICU stay in patients who tolerated the 2-h trial without signs of distress.[4] Rapid shallow breathing was the most accurate predictor of failure, and its absence the most accurate predictor of success in weaning patients from mechanical ventilation.[5]

The ICU staff should see the patient's face first, which is an immediate indicator – pallor, pain, desire to communicate, restlessness, anxiety, stupor, cyanosis, etc. not indicated in the instrument panels. A conscious patient seeks assurance. On recovery in the ICU, patients find all new faces. If they cannot speak with a tracheal tube, it leads to panic.

What is the optimum room temperature in the ICU? With low ambient temperatures while the staff is well clothed, patients are almost naked with a blanket covering them. A conscious, but intubated patient, cannot communicate feeling cold at the back. This should

be specifically enquired and rectified by covering the bed with a woolen blanket and a soft sheet immediately.

The session "Family Communication" in Conference covers only "communicating errors" or "visits by family members." Doctors who were patients in the ICU and educated patients can give valuable feed back on important small details for attention.

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