Speech and Language Therapy in Critical Care

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‘Key professions in the critical care setting include speech and language therapy.’
- Quality Critical Care, 2005

‘Rehabilitation for general critical care adult patients should be delivered by appropriate members of a multidisciplinary team (for example… therapists).’
- The NIHCE CG 83 (2009)
Why do We Need SLT in Critical Care

‘SLT expertise is therefore integral to the critical care multiprofessional team.’

‘The ‘art’ of intensive care lies more in integrating multi-professional care and complex interventions over time, across locations and between teams than in the delivery of any single treatment.’


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Role of the SLT

‘Communication and swallowing are the responsibility of the whole team – the role of the SLT is to empower and educate others as well as providing direct specialist input.’

- RCSLT Position Paper: Speech and Language Therapy in Adult Critical Care 2014
What causes communication and swallowing difficulty in ICU?
Communication

- Reason for Difficulty
- Cognition/Motor Skills
- Low, mid, high –tech AAC
- Communication Partner
- No One Size Fits All!
- May use a mixture of methods
- ‘Holistic’ Communication
- Nurses are first line & front line

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How can the MDT optimise outcomes?

- Nurse led screening to identify at risk patients and signs of dysphagia
- Access FEES in ICU
- Restablish airflow asap: speaking valves, ACV, cuff deflation
- Nurse training for facilitating communication
- Accessable resources
- MDT training

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THANK YOU
Variable depending on clinical group:

* 91% in Critical illness neuropathy (Ponfick 2015)
* 42% of Trauma patients intubated for 48hrs (Kwok 2013)
* 69% post extubation aspiration; <83% Silent aspiration (of those aspirating) (Hafner 2008, Wallace 2013)
‘Aspiration is a leading cause of pneumonia in the ICU environment and contributes significantly to morbidity and mortality’ (McClave 2002)

‘Aspiration pneumonia delays the weaning process’ (Dikeman 2003)

‘..associated with greater LOS and cost’ (Kollef 2005)
• Significant prevalence of communication difficulties in critically ill -16-24% (Thomas and Rodriguez, 2011)

• Restoring or facilitating communication enables the person to participate in treatment (Isaki and Hoit, 1997; Spremulli, 2005).

• Enabling communication can improve the psychological wellbeing of the person, family and staff (Manzano et al, 1993; Dikeman and Kazandjian, 2003).

• Mental Capacity Act 2000 (Scotland) (Code of practice 2002)

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Guidelines for the provision of Intensive Care Services, Ed.1 (2015). Faculty of Intensive Care Medicine.

National Institute for Health and Care Excellence. NICE CG 83 Rehabilitation after critical illness in adults 2009.


Leder S, Cohn S, Moller B. Fiberoptic tracheostomy documentation of the high incidence of aspiration following extubation in critically ill trauma patients. Dysphagia 1998; 13; 208-212.


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Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE clinical guideline CG32 (2006)


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