

Speech and Language Therapy in Critical Care

Sarah Eli, MSc, MRCSLT, MHPC
Specialist Speech and Language Therapist in Critical
Care

Sarah.Eli@royalberkshire.nhs.uk

Why do We Need SLT in Critical Care

*‘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 NIHC 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.’

-Guidelines on the Provision of Intensive care Services. Faculty of Intensive Care Medicine (2015).

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?



“What is it, boy? Want to go outside?”



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

How can the MDT optimise outcomes?

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

THANK YOU

Dysphagia in ICU

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)

Dysphagia in ICU

- * '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)

Communication in ICU

- 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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