

VERBAL COMMUNICATION, IMPAIRED

- PURPOSE:** To outline the management of the patient with communication deficits or impaired verbal communication, including those with hearing loss, aphasia, or mutism.
- SUPPORTIVE DATA:** Impaired verbal communication is decreased ability to speak, understand, or use words appropriately.
- ASSESSMENT:**
1. Assess the following a minimum of every 4 hours ICU, every 8 hours acute care units:
 - Ability to comprehend
 - Speech pattern (garbled, incomprehensible, difficulty forming words)
 - Hearing impaired – aphasia/mutism
 2. Assess ability to use alternate communication modes, for example:
 - Technological device
 - Writing/white/alphabet board
 - Gestures (e.g., nod, shake head, eye blink)
 - Written
 - Pictures
 - Sign language
- INTERVENTIONS:**
3. Monitor for non-verbal cues to patient needs, (e.g., gestures, pointing, looking at items, clicking tongue).
 4. Encourage use of alternate modes of communication
 - Ask patient yes or no questions
 - Use devices such as: writing/white/alphabet board, technological device (e.g. tablet, cell phone)
 5. Make sure you have patient's full attention before speaking (example: turn down TV volume)
 6. Speak slowly and distinctly in a normal tone, stand where patient can see and hear you, maintaining eye contact,
 7. Communicate with your body language as well as with your voice and tone
 8. Seek validation of patient's communication. Repeat or rephrase questions if necessary.
 9. Ask questions that are easily answered with a yes-or-no answer (open-ended questions may confuse the patient's thought process).
 10. Encourage attempts at communication and monitor changes:
 - Provide positive reinforcement
 - Allow ample time for response
 - Do not answer questions yourself if patient is able to respond
 - Do not continually respond to gestures if potential to speak exists
 11. Provide a calm non-distracting environment for communication.
- REPORTABLE CONDITIONS:**
12. Notify the provider for deterioration in assessment findings.
- PATIENT/CAREGIVER EDUCATION:**
13. Instruct on the following:
 - Plan for communication
- COLLABORATION:**
14. Collaborate with provider, Speech Pathologist, Occupational Therapy (OT), and Physical Therapy (PT).
 15. Request a Communication evaluation by Speech Pathology if alternative communication trials are not successful

ADDITIONAL
STANDARDS:

16. Implement the following as indicated:
- Confused Patient
 - Falls/Injury Prevention
 - Grieving

DOCUMENTATION: 17. Document in accordance with documentation standards.

Initial date approved: 08/96	Reviewed and approved by: Professional Practice Committee Nurse Executive Council Attending Staff Association Executive Committee	Revision Date: 11/00, 03/05, 12/13, 04/17, 04/22
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References:

Major neurocognitive disorder (dementia) patient care. Lippincott Procedure, May 21, 2021