

Communiquer avec le patient intubé



Laetitia Bodet-Contentin Médecin

Pierrick Gadrez Infirmier



ACTUALITÉS EN RÉANIMATION
RÉANIMATION, SURVEILLANCE CONTINUE,
URGENCES GRAVES

23 ET 24 NOVEMBRE 2017



Liens d'intérêt

- Société Tobii Dynavox
- Fondation MACSF

Plan de la présentation

- Pourquoi communiquer?
- Pourquoi c'est difficile en réanimation?
- Combien de patients?
- Quelles techniques de communication actuelles?
- Quels sont les problèmes?
- Quelles sont les solutions?

Communiquer avec le patient intubé

Pourquoi Communiquer?

- Transmettre/partager/faire savoir/ faire connaître
- Des informations/des sentiments
- Permet de construire une relation/ de connaître l'autre

Communiquer avec le patient intubé

Pourquoi en réanimation c'est difficile?

- Privé de la parole
- Difficulté à se mobiliser

Communiquer avec le patient intubé

Combien de patients?

Heart & Lung 44 (2015) 45–49

Contents lists available at ScienceDirect

Heart & Lung

journal homepage: www.heartandlung.org

Care of Critically Ill Adults

The number of mechanically ventilated ICU patients meeting communication criteria

Mary Beth Happ, PhD, RN, FGSA, FAAN^{a,b,*}, Jennifer B. Seaman, BSN^b, Marci L. Nilsen, PhD, RN^b, Andrea Sciulli, BA^b, Judith A. Tate, PhD, RN^a, Melissa Saul, MS^d, Amber E. Barnato, MD, MPH, MS^c

^a Center of Excellence in Critical and Complex Care, The Ohio State University College of Nursing, 378 Newton Hall, 1585 Neil Ave., Columbus, OH 43210, USA

^b University of Pittsburgh School of Nursing, USA

^c University of Pittsburgh School of Medicine, USA

^d Department of Biomedical Informatics, University of Pittsburgh, USA

2 ans

6 centres

Ventilé > 2j

50% des patients

Conséquences pour le patient des difficultés de communication

**“Not being able to talk was horrid”:
A descriptive, correlational study of
communication during mechanical
ventilation**

Jill L. Guttormson^{a,*}, Karin Lindstrom Bremer^b,
Rachel M. Jones^c

Stress

Frustration

Perte d'estime de soi

Dépersonnalisation

Anxiété

Syndrome de stress post-traumatique

**Communication interaction in ICU—Patient and
staff experiences and perceptions**

Victoria S. Magnus*, Leisa Turkington

UCH NHS Foundation Trust, University College Hospital, Speech and Language Therapy, 3rd Floor East
250, Euston Road, London NW1 2PG, UK

Conséquences pour le soignant des difficultés de communication

Communication interaction in ICU—Patient and staff experiences and perceptions

Victoria S. Magnus*, Leisa Turkington

UCH NHS Foundation Trust, University College Hospital, Speech and Language Therapy, 3rd Floor East 250, Euston Road, London NW1 2PG, UK

Nurses' perceptions of communication training in the ICU

Jill V. Radtke^{a,1}, Judith A. Tate^{a,2}, Mary Beth Happ^{a,b,c,*}

^a Department of Acute & Tertiary Care, University of Pittsburgh School of Nursing, 336 Victoria Building, 3500 Victoria Street, Pittsburgh, PA 15261, United States

^b Department of Critical Care Medicine, University of Pittsburgh School of Medicine, 336 Victoria Building 3500 Victoria Street, Pittsburgh, PA 15261, United States

^c Center for Bioethics and Health Law, University of Pittsburgh, 336 Victoria Building 3500 Victoria Street, Pittsburgh, PA 15261, United States

RESEARCH

doi: 10.1111/nicc.12297

Nurse-patient communication within the context of non-sedated mechanical ventilation: A hermeneutic-phenomenological study

A Holm^a and P Dreyer

Frustration

Sentiment de mauvaise prise en charge

Conséquences pour les proches des difficultés de communication

My brother died in an intensive care unit at age 49 after a prolonged intubation. I know there were many things he tried to communicate through his eyes and the “mouthing of words” but was not successful. He was unable to use his hands and would often become frustrated at his inability to convey what he was trying to communicate. He left 2 teenage children and I often wonder what he would have said to them. [e-mail from a bereaved family member] ¹

Livigni minerva Anaesthesiologica 2013

Sentiment d'impuissance
Frustration

Quelles solutions?

REVIEW

A systematic review of the effectiveness of nurse communication with patients with complex communication needs with a focus on the use of augmentative and alternative communication

Erinn H Finke MS, CCC-SLP

PhD Candidate, Department of Communication Sciences and Disorders, The Pennsylvania State University, University Park, PA, USA

Janice Light PhD

Distinguished Professor, Department of Communication Sciences and Disorders, The Pennsylvania State University, University Park, PA, USA

Lisa Kitko MS, RN, CCRN

PhD Candidate, School of Nursing, The Pennsylvania State University, University Park, PA, USA

Journal of
Clinical Nursing

Families in Critical Care



USE OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION STRATEGIES BY FAMILY MEMBERS IN THE INTENSIVE CARE UNIT

By Lauren M. Broyles, BS, PhD, Judith A. Eise, BS, PhD, and Mary Beth Hapay, BS, PhD

Accepted: 2 April 2017

DOI: 10.1111/jocn.13851

ORIGINAL ARTICLE

WILEY *Journal of*
Clinical Nursing

Implementing augmentative and alternative communication in critical care settings: Perspectives of healthcare professionals

Charlotte Handberg PhD, MPH, RN, Researcher^{1,2} | Anna Katarina Voss OT, AAC
Counsellor³

Quelles solutions?

- **Former les soignants aux techniques de communication**
- **Utiliser des techniques de communication alternative**
- **Prendre le temps nécessaire..**

Quelles solutions?

L'eye tracking : une solution?

COPYRIGHT® 2013 EDIZIONI MINERVA MEDICA

ORIGINAL ARTICLE

Gaze-controlled, computer-assisted communication in Intensive Care Unit: “speaking through the eyes”

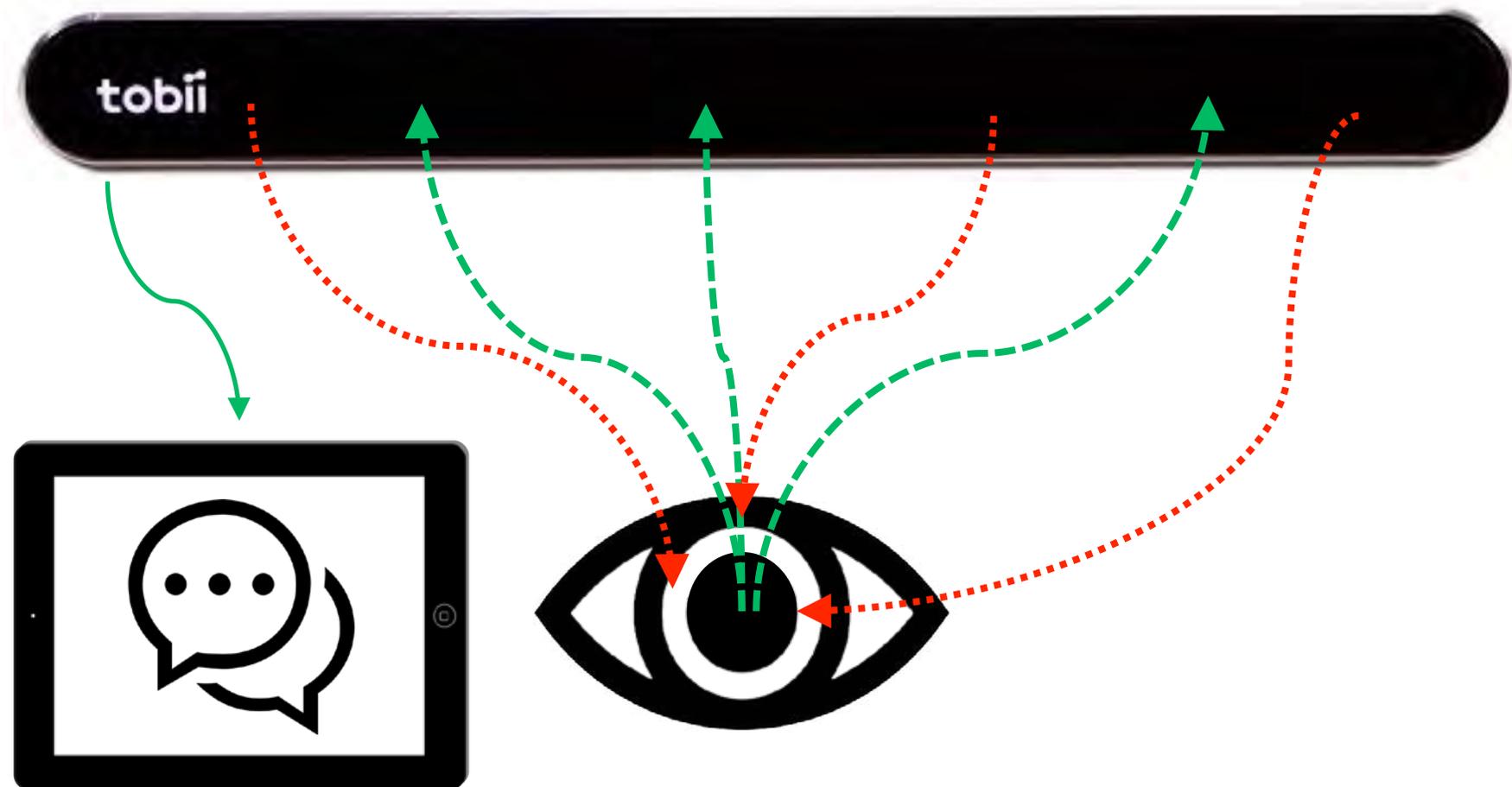
F. MARINGELLI ^{1,2}, N. BRIENZA ³, F. SCORRANO ⁴, F. GRASSO ⁴, C. GREGORETTI ⁵

¹Anthea Hospital, GVM Care and Research, Bari, Italy; ²Città di Lecce Hospital, GVM Care and Research, Lecce, Italy; ³Intensive Care Unit, Department of Emergency and Organ Transplantation, University “Aldo Moro”, Bari, Italy; ⁴Intensive Care Unit, V. Fazzi Hospital, Lecce, Italy; ⁵Department of Emergency, M. Adelaide Hospital, Turin, Italy

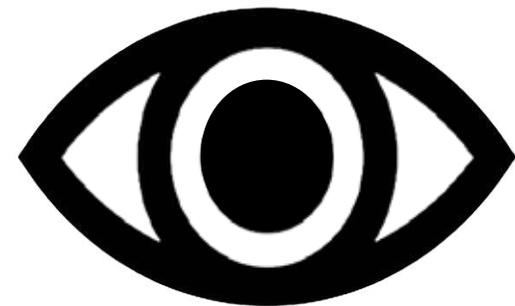
A pilot study of eye-tracking devices in intensive care

Jonah Garry, BA,^a Kelly Casey, OTD, OTR/L, ATP,^b Therese Kling Cole, MA, CCC-SLP,^b Angela Regensburg, MS, OTR/L,^b Colleen McElroy, MS, CCC, SLP,^b Eric Schneider, PhD,^c David Efron, MD,^d and Albert Chi, MD,^d Stony Brook, NY, and Baltimore, MD

L'eye tracking : Qu'est-ce que c'est ?



L'eye tracking : Comment ça marche ?



En pratique



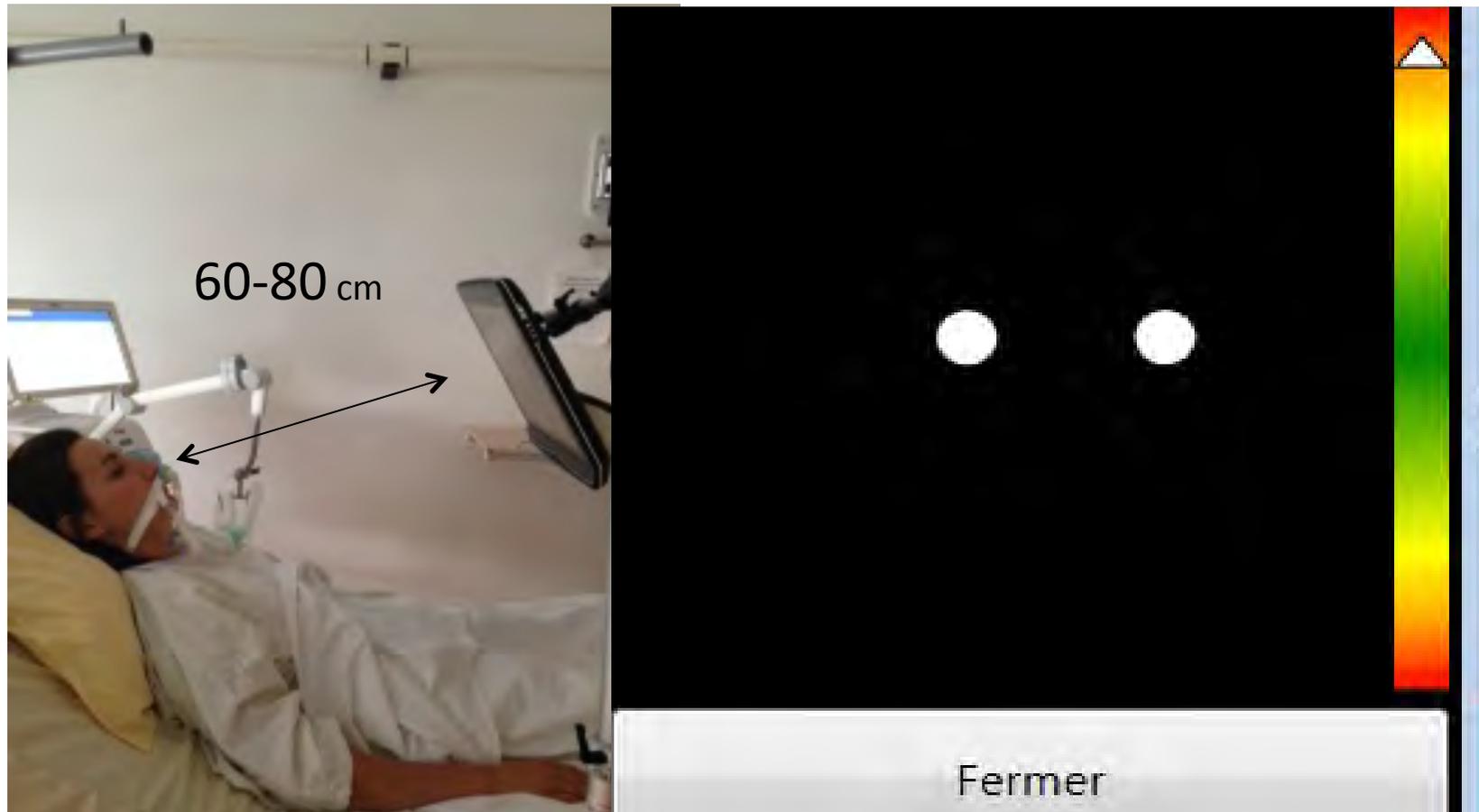
Congrès AER, Lyon, 23 novembre 2017

16

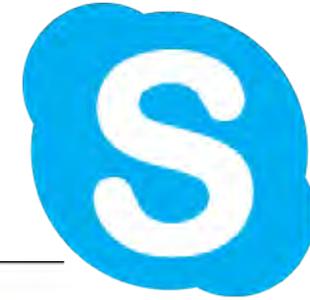
En pratique



Installation et utilisation







14 Components of Virginia Henderson's Need Theory



Breathe normally



Keep the body clean and well groomed and protect the integument



Eat and drink adequately



Avoid dangers in the environment and avoid injuring others.



Eliminate body wastes



Communicate with others in expressing emotions, needs, fears, or opinions.



Move and maintain desirable postures



Worship according to one's faith.



Sleep and rest



Work in such a way that there is a sense of accomplishment.



Select suitable clothes - dress and undress



Play or participate in various forms of recreation.



Maintain body temperature within normal range by adjusting clothing and modifying environment

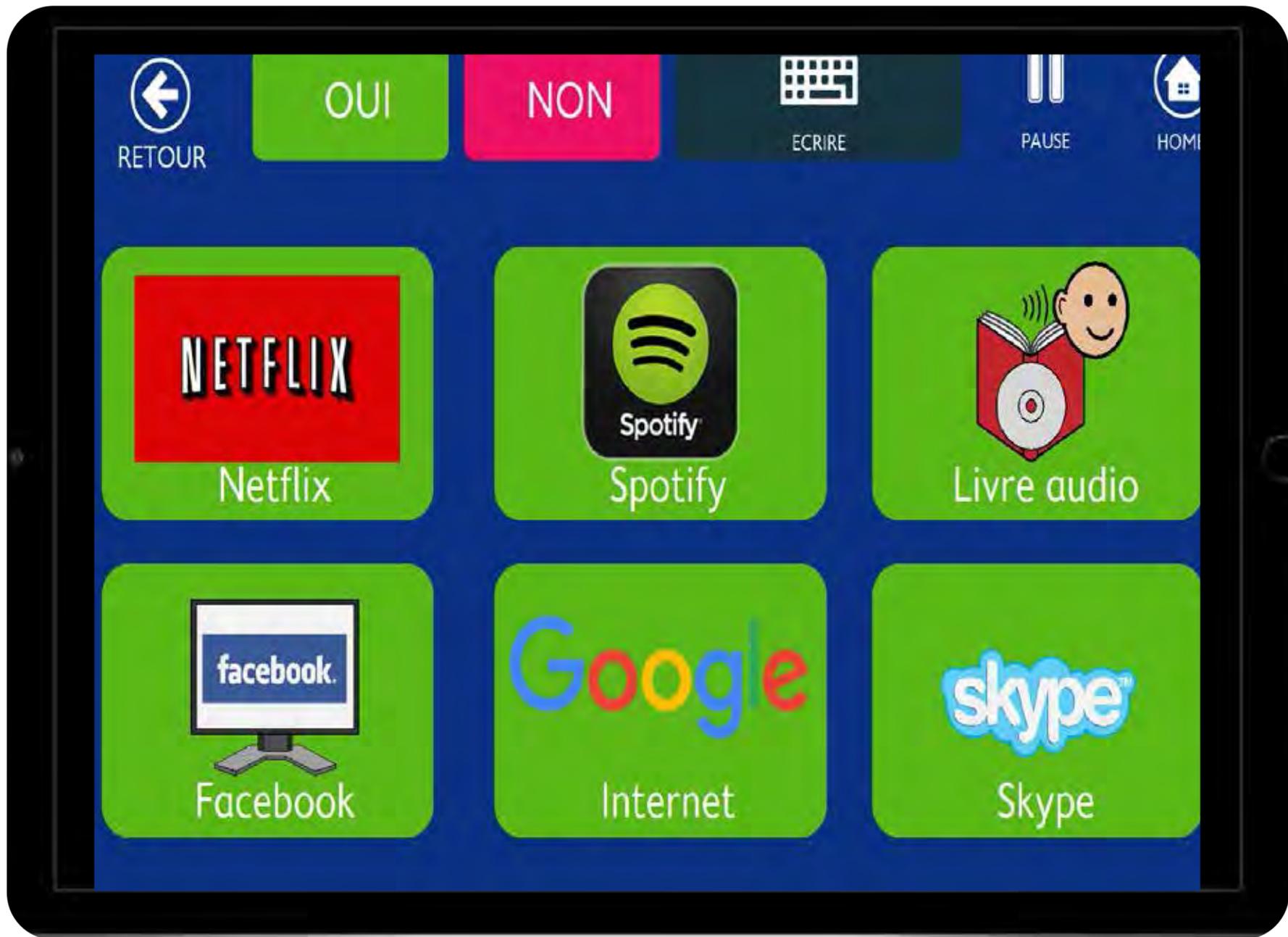


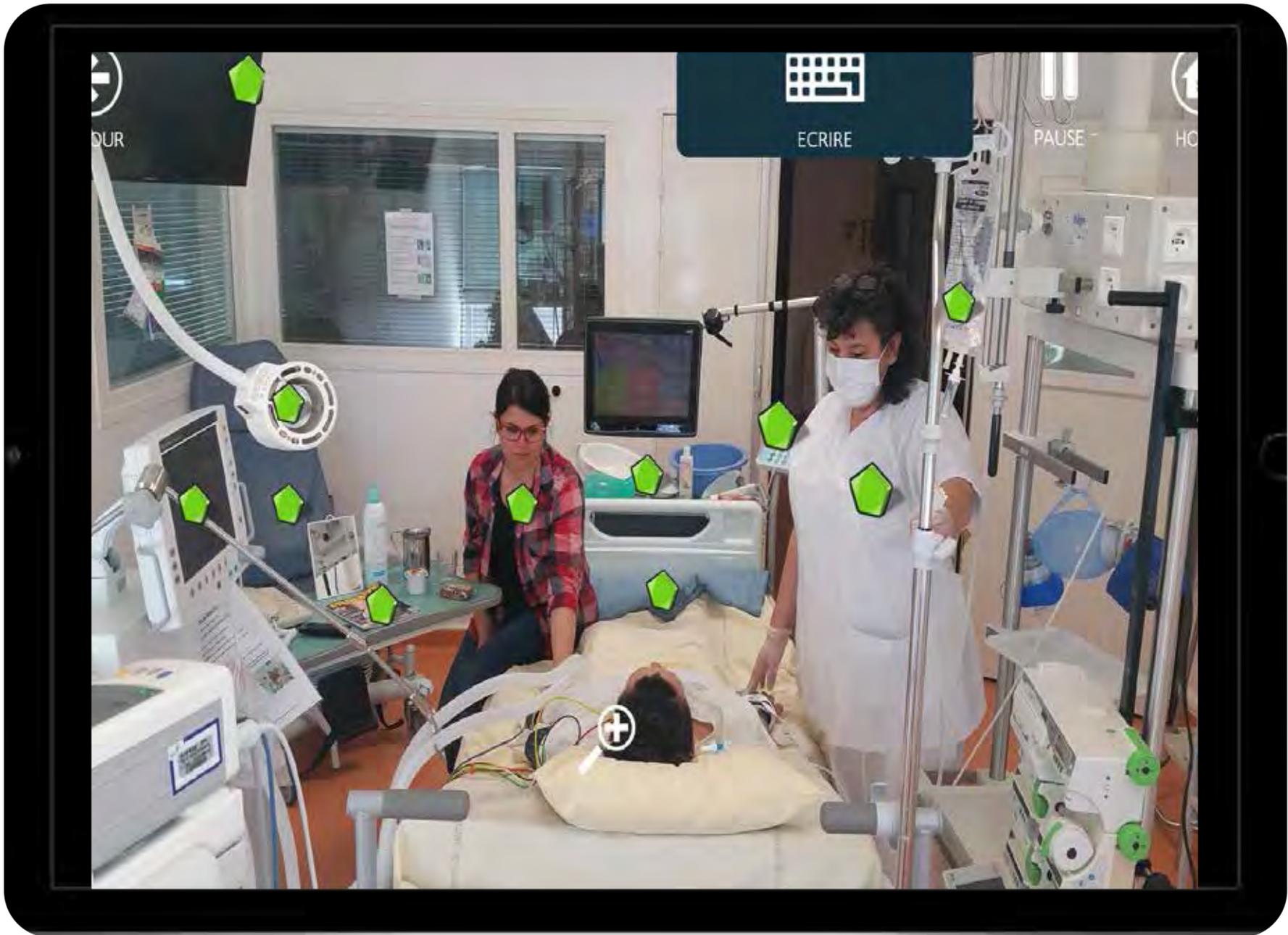
Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities.



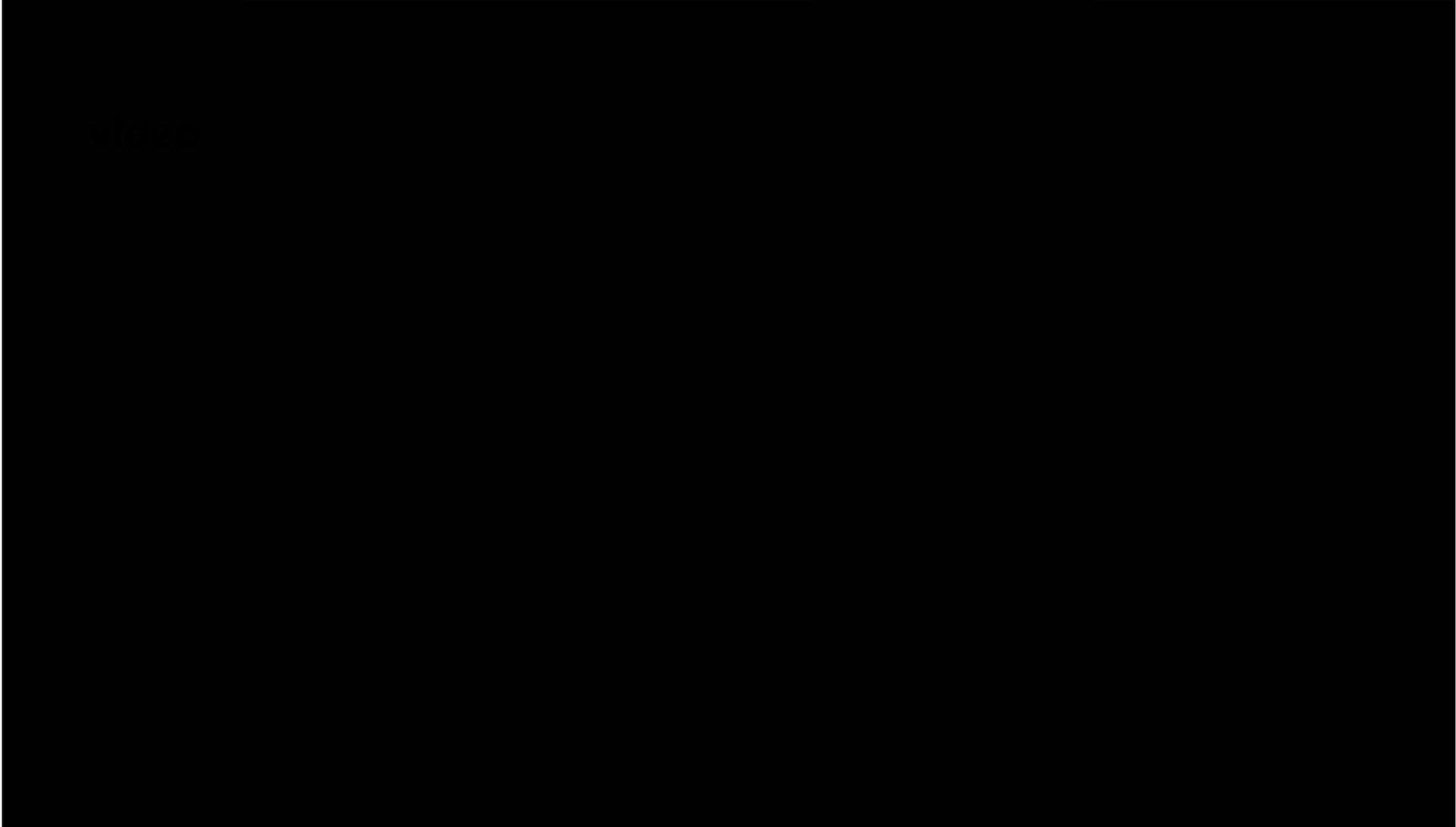








Film







Témoignage d'un patient



Take Home Message

- **Sensibiliser au problème de la communication en réanimation**
- **Promouvoir l'utilisation de communication alternative et la formation à leur utilisation**



MERCI DE VOTRE ATTENTION



**Groupe IMIR : A. Aubrey, A. Barougier, L. Bodet-Contentin
M. Brondeau, D. Chartier, S. Ehrmann, P. Gadrez, E. Havard , M-A Lorrier, S.Mazoyer.**