

# Sensory & Communication Impairments Tutorial

It's very hard to depend on someone else to meet your needs. When a patient has sensory or communication problems, it's even more difficult. Be aware of each patient's unique abilities and needs.

Assisting patients to make their needs known and making sure that patients' needs are met are primary goals for quality of care.

We want to maintain the patients' dignity and freedom as much as possible.

Assisting patients with communication problems is something we need to think about with every activity of the day:

Morning and evening care  
Transfers and ambulation  
Meal times  
Activities

## Impaired Hearing

There are degrees of hearing impairment, and we use the language of the care plan to describe this:

With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation - May need occasional repetition, extra time, or louder voice

Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance

Has severe difficulty hearing and understanding simple greetings and short comments

Requires multiple repetitions, restatements, demonstrations, additional time

Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive

## Interventions for Patients with Impaired Hearing:

Reduce background noise when speaking to patient - This could be noise from a television, radio, or other people

Speak distinctly, adjusting tone appropriately - Studies have shown that patients with impaired hearing can hear a voice best when it is in a low tone at moderate volume. Speaking louder and in a high tone will actually make it more difficult for the patient to understand you.

Make eye contact with patient when conversing

Ask simple yes or no questions

Use clear, direct, and simple terms

Supplement words with gestures, actions, pictures, and other nonverbal communication as needed

Keep call light within reach

Anticipate needs

Be aware of patient's frustration with communication – come back later or get other staff member if necessary

#### Assist with hearing aid placement and maintenance:

Hearing aids are small, and get lost easily. They should be stored in the exact same place every time.

Insert hearing aids in the morning

Test battery by turning volume control up while holding hearing aid until it whistles -

Turn volume down before inserting aid in the ear

Match hearing aid with direction of ear canal, and gently insert it in the ear - It should go in easily and without twisting if it is placed in the correct ear

Remove hearing aids at bedside

Place the hearing aids in a box in patient's bedside table

Open battery compartment to allow air to circulate and help dry out aid - also prolongs battery life by preventing power drainage if the aid is accidentally left turned on

Keep hearing aids clean, and protect from damage

Clean hearing aid by wiping with dry tissue to remove wax and oils. Do not clean with alcohol or solvents.

Check hole where sound is emitted, and clear it of ear wax

Protect hearing aid from water and excessive heat

Remove hearing aid before shower or bath

Inform nurse if hearing aid is malfunctioning or missing

## Impaired Speech

Speech problems can be caused by many things:

Stroke is a common cause.

Shortness of breath can contribute to difficulty speaking.

A patient may be weak from an illness, and have difficulty speaking.

Dementia and confusion can prevent effective communication.

Forms of impaired speech may be evidenced by:

Speech slurred

Weak or low voice

Inappropriate verbalizations

Problem in finding the correct words

Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance)

Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility) - Speaks in phrases or short sentences

Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener - Speech limited to single words or short phrases

Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (speech is nonsensical or unintelligible)

Patient nonresponsive or unable to speak

## Interventions for Speech Impaired Patients

Make sure dentures are in, and fitting properly

A dry mouth can make it difficult to talk. - Make sure the patient has water.

Ask simple yes or no questions

Encourage patient to speak more slowly

Listen for key words

Ask patient to repeat words as needed

Praise efforts made - Give positive feedback.

Let the patient know you really care about listening to him.

Keep call light in reach

Anticipate needs

Be aware of patient's frustration with communication – come back later or get other staff member if necessary

Assist patient to supplement words with gestures, actions, pictures, communication board, and other nonverbal communication as needed

Observe nonverbal cues - A patient with difficulty communicating may not make needs known verbally.

### Nonverbal Signs of Distress

Agitation, fidgeting, pacing, rocking

Grimacing, frowning

Clenching fists

Groaning, grunting, sighing

Tension

### Visual Impairment

As with hearing impairment, we use the language of the care plan to describe degrees of difficulty:

Normal vision: sees adequately in most situations; can see medication labels, newsprint

Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length

Severely impaired: cannot locate objects without hearing or touching them or patient

Nonresponsive

Decreased peripheral vision

Our goal in assisting the patient with visual impairment is to maintain safety and to assist the patient to participate in ADLs to his maximum potential.

### Interventions for Visually Impaired Patients

Keep most frequently used items in a consistent area within reach

Keep furniture in same place – do not rearrange

Keep room and pathways free from clutter

Announce self when entering room, and explain all procedures

Keep glasses in the same place whenever they are not being worn.

Ideally glasses should be engraved with the patient's name.

Make sure the glasses are in good repair, and that they are clean and free of scratches.

When you put the glasses on the patient, make sure they fit well, are not too loose or too tight.

If you notice the patient squinting when wearing the glasses, or if it appears the patient has difficulty seeing when wearing them, report this to the charge nurse.