**OBJECTIVES:**

- Identify and understand the need for communication with mechanically ventilated ICU patients.
- Overview of Blue Line Ultra® Suctionaid® capabilities for secretion management and vocalization.

The use of mechanical ventilation (MV) is common in critically ill patients within the intensive care unit (ICU).

These patients often require an endotracheal tube or tracheostomy tube for MV which can severely limit their ability to communicate both verbally or non-verbally including facial expressions, gestures, and/or writing (Batty, 2009). In a retrospective analysis of ICU patients it was estimated that half of MV patients were awake, aware and were responsive to verbal communication. These patients could therefore benefit from assistive communication tools and speech language consultation (Happ, 2015). The inability to communicate with care givers and loved ones can cause anxiety and distress. This distress may be alleviated by communication (Karlsson, 2012).

Effective communication can be limited due to the type of tube used, for example endotracheal tubes can limit the ability to mouth words. The effectiveness of these methods, both verbal and non-verbal may still result in frustration for the patient (Patak, 2006). Therefore appropriate and effective methods of communication are needed.

Although the timing may vary, long term MV patients are good candidates for the placement of a tracheostomy tube. MV patients who are unable to tolerate cuff deflation to communicate may require different types of talking tubes.

Talking tracheostomy tubes allow for patients, unable to tolerate cuff deflation, the ability to achieve phonation. There are several tracheostomy tubes designed specifically to aid in phonation including fenestrated tubes. There are, however, concerns with air flow restriction and potential for granulation with these types of tubes (Hess, 2014). The Blue Line Ultra® Suctionaid® (BLUS) may be considered as an alternative to these talk tubes.
The BLUS is a ‘first tube in’ made of thermosensitive PVC with a clear, soft flange and Soft-Seal® cuff. This tube features an integral suction lumen which aids removal of sub-glottic secretions from above the cuff. The use of the suction lumen to remove secretions may reduce the incidence of ventilator-associated pneumonia (VAP, Ledgerwood, 2010). An alternative use of the suction lumen is to insufflate air to enable vocalization. Husain et al described a gas flow of 2 to 5 L/min as sufficient to vocalize with a whisper-type voice (Husain 2011). Additionally, Pandian et al describe four patients who were able to vocalize with the use of BLUS (Pandian, 2014). They presented similar technical requirements as Husain. These patients were able to achieve meaning communication with both caregivers and loved ones while remaining mechanically ventilated.

The BLUS should be used according the Instructions for Use (IFU) for vocalization. Based on the presented literature there are a substantial number of MV patients that are able to and would benefit from an improved ability to communicate. The use of BLUS in these tracheotomised patients may improve their quality of life and overall care.

REFERENCES

2. Happ MB et al. The number of mechanically ventilated ICU patients meeting communication criteria. Heart Lung 2015;44(1): 45-9
3. Hess DR et al. Tracheostomy tubes. Respir Care 2014;59(6):56-71