



Elizabeth Casson Innovation Award

Sensory Normalisation in Critical Care

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Aims:

To establish preliminary proof of concept of a sensory-based resource that will:

- Increase understanding and awareness of sensory normalisation in critical care, and how this might impact on the patient experience
- Support MDT members to build awareness and identify practical strategies in the management of sensory input and reflect on how their clinical practice could be adapted to incorporate these activities into routine care

Delirium may develop in 60-80% of patients receiving mechanical ventilation in the critical care setting. Impairments in cognition are associated with significantly increased levels of anxiety and reduced quality of life, and many patients require extensive inpatient rehabilitation.

Multifactorial prevention strategies, such as avoidance of sensory deprivation and overload, cognitive and environmental stimulation, engagement in purposeful activity and the provision of visual and hearing aids have been found to reduce the incidence of delirium in a critical care setting.

- ✓ Occupational Therapists are ideally situated to implement these preventative strategies and are able to both apply this approach to their interventions with critical care patients, and to educate and inform other health professionals to adopt a similar approach to normalising sensory input for their patients.

Methods:

A mixed method approach was adopted inclusive of:

- A series of co-design workshops with local stakeholders to develop a sensory-based resource to improve patient experience in a critical care setting.
- Pilot of the sensory-based resource with 6-8 patients.
- Views and experiences captured of patients and relatives/carers and staff taking part in the pilot site using a mixed-method questionnaire
- Refinement of the sensory-based resource based on stakeholder feedback prior to implementation/dissemination.

Measures:

Information leaflet for relatives and caregivers and 'This Is Me' form were co-developed and piloted on the critical care unit with patients/relatives and the respective bedside nurses, and feedback questionnaires were completed (n=6).

An Environmental poster was designed and Questionnaires were completed by critical care staff (n=11).

Conclusion:

Overall the resources developed as part of the project were well received by both the critical care MDT and patients' relatives/caregivers. This is evident as there was a noted consensus for continued use to enhance the critical care patient journey.

Future Plans:

Continued use of resources within the critical setting and adapt resources for use at ward level. Facilitate the development of specialist occupational therapists to work in the critical care environment.

References and resources available on request

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Occupational Therapy Team

SENSORY NORMALISATION
In the Critical Care Environment

Have we considered...

 Vision <ul style="list-style-type: none"> • Does the patient have their visual aids? • Access to natural light? • Home comforts within visual field? • Minimise clutter in bed space. • Manage bright/flashing, fluorescent lighting. • Turn TV's off on an evening. 	 Auditory <ul style="list-style-type: none"> • Does the patient have their hearing aids? • Manage and be aware of noise levels on the unit. • Include your patient in conversation where able. 	 Tactile <ul style="list-style-type: none"> • Comforting touch. • Manage frequency of unfamiliar tactile information e.g. Turns, observations. • Make your patient aware of interventions to be carried out. • Minimise lines and catheters crossing the body where able.
 Taste <ul style="list-style-type: none"> • Sit in functional position for meals to promote independent feeding. • Maintain good oral healthcare with a soft toothbrush. • If nil by mouth, contact a speech and language therapist for alternate taste interventions. 	 Smell <ul style="list-style-type: none"> • Management of unpleasant smells where able. • Use and provision of familiar smells e.g. Toiletries, clothing, blanket. 	 Why? <ul style="list-style-type: none"> • Sensory input helps maintain a level of alertness and stimulation. • Sensory deprivation/overload is common in Critical Care.

Any questions... Speak to your ward Occupational Therapist