Outline of

Chaplaincy with intubated patients: “A sort of salvation”

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I. Overview (with connections to conference theme, “Re:Imagine: The Art and Business of Chaplaincy”)

A. As the business of critical-care medicine shifts toward less sedation, intubated patients are more likely to be awake, alert, and fully oriented—and distressed. They are also more able to engage with staff, including hospital chaplains. So, chaplains should find themselves re-imagining spiritual care of intubated patients. By seeking out patients with mechanical ventilation, employing best practices around this communication barrier, and integrating a communication board specific to chaplaincy, we can help patients artfully express their “own way of looking at things,” which poet William Stafford called “a sort of salvation.”

II. Best practices of communication

A. The ICU trend toward less sedation and early mobilization is an opportunity to integrate further with the interdisciplinary team.

1. “The most common stressful experience reported in mechanically ventilated patients is being nonvocal.”

   a. Using, adapting, and modeling best practices of communication (per speech-language pathologists)

      i. Prepping the environment
      ii. Mouthing
      iii. Writing
      iv. Binary

2. Many care providers admit to “becoming frustrated, giving up, and avoiding contact with patients with whom communication is difficult.”

   a. Chaplaincy support for staff who are taxed in new ways (e.g., speech, respiratory, physical, and occupational therapists)

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2 Including patients intubated either orotracheally (with an endotracheal tube, or “ETT”) or “trach’d,” i.e., through a trachestomy/tracheotomy tube (known as “trachs”) or using a CPAP (continuous positive airway pressure) mask.

3 Khalaila et al.

III. Spiritual-care communication board
   A. Adapted from other disciplines’ best practices
   B. Intended to deepen our care and make communication easier for our patients, their families, staff, and ourselves
   C. Tour of the board and how it was developed
   D. How to use it well (e.g., folding/covering parts to limit information overload, leaving it with patient/family at end of visit)
   E. Clinical study of its feasibility and efficacy

IV. Seeking out intubated patients
   A. Ventilator plus mental status as a positive screening criterion for chaplaincy referral and chaplaincy triage

V. Conclusion
   A. Practical next steps
      1. Ask about getting involved with ICU early mobilization
      2. Teach new screening criterion to colleagues/department
      3. Stay in touch about communication boards to be distributed
   B. Questions, comments, responses from participants (and throughout)
   C. Poem:

      When I Met My Muse

      I glanced at her and took my glasses off—they were still singing. They buzzed like a locust on the coffee table and then ceased. Her voice belled forth, and the sunlight bent. I felt the ceiling arch, and knew that nails up there took a new grip on whatever they touched. “I am your own way of looking at things,” she said. “When you allow me to live with you, every glance at the world around you will be a sort of salvation.” And I took her hand.

      William Stafford

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