LETTER TO EDITOR

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Communication Strategies for Mechanically Ventilated Patients in the Emergency Department: A Letter to the Editor

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Dear Editor,

I read with interest the article published in the Cyprus Journal of Medical Sciences on communication with patients receiving mechanical ventilation in intensive care units.[1] The review clearly describes the challenges of communication and emphasizes the contribution of both low- and high-technology tools in supporting patient-healthcare worker interaction.

From an emergency medicine perspective, these issues are equally relevant. Both non-invasive mechanical ventilation (NIMV) and invasive mechanical ventilation are widely used in the emergency department.[2] Due to limited intensive care capacity, many patients remain in the emergency department for prolonged periods under the supervision of emergency physicians. However, communication is complicated by high patient flow, time pressure, limited staffing, and less controlled conditions compared with intensive care.

Agitation is common in patients receiving NIMV and may compromise treatment. Structured tools such as visual communication boards or tablet-based interfaces may reduce anxiety and agitation. This can improve compliance with NIMV. This could lower sedative requirements and decrease the transition rate to invasive ventilation. In intubated patients, effective communication may support lighter sedation, improve comfort, and contribute to better outcomes. A recent study showed that patients intubated in the emergency department face a higher risk of deep sedation and take longer to achieve lighter sedation than those intubated in intensive care.[3] Effective communication strategies may contribute to achieving lighter sedation in this context, and further research exploring this relationship would be valuable.

The literature describes various methods to facilitate communication, including illustrated materials, communication cards, visual guides, computer-based tools, and eye-tracking technologies.[4] For example, eye-tracking systems have been shown to enable intubated or tracheostomized patients to express basic needs, monitor complications, and respond to quality-of-life measures.[5] Such findings suggest that advanced technologies may play an important role in emergency care as well.

In this context, adapting structured communication interventions to the specific dynamics of emergency departments could address a notable gap in the literature. Pilot studies testing the feasibility of these strategies under conditions of high patient load and limited resources may help align emergency and intensive care practices and improve patient-centered outcomes.

Footnotes

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