

# Communication in the Emergency Department

## Providers

Below are general guidelines that can be applied to most Emergency Department visits from hard of hearing and deaf patients. Due to the varying nature of emergencies and individual patient needs, these guidelines may not be representative of all scenarios.

Effective and accurate communication can be a matter of life and death. It is important to establish communication with the patient, if possible, before the patient is evaluated, diagnosed, or treated. However, if the patient is unable to communicate, medical treatment should be administered without delay.

### Triage/Registration

Be sure communication devices and equipment are available and ready for use at all times. These may include but are not limited to:

- Pocket talker (an Assistive Listening Device)
- Pen and paper
- Dry erase board (whiteboard)
- Tablet, laptop, or computer
- Captioned phone

Be sure all appropriate staff know how to arrange for:

- CART (Communication Access Realtime Translation)
- Remote CART
- On-site Sign Language Interpreters
- Video Remote Interpreters (VRI)

Refer to [Communication Aids and Services](#) in the Provider section of this Guide for more information.

Be sure appropriate staff know they must:

- Ask patients what aids and services are needed to effectively communicate with providers and staff.
- Ask patients if they have a printed Communication Access Plan (CAP). If not, complete a CAP during registration.
- Include the CAP in the Electronic Medical Record or paper chart.
- Refer to completed CAP to identify how patient prefers to be alerted when ready to be seen.
- Place a universal “hearing loss” sticker on the patient’s wristband or provide an additional wristband designating hearing status.
- Post a printed or clearly written sign over the patient’s bed stating they are hard of hearing or deaf.

- Introduce staff by name and discipline, and allow patient to read ID badges.
- Use teach-back to ensure understanding.
- Inform patient about the plan of care.
- Be sure to communicate *before* performing examinations, drawing blood, or checking vital signs.

Note: Speaking to the patient while simultaneously providing care results in confusion and misunderstandings increasing anxiety.

- Allow patients to wear their hearing aid(s) and cochlear implant(s) while in the Emergency Department. If this is not medically possible, be sure the devices are put into a container labeled with the patient's name or given to a family member or friend.

### **Transport or Escort**

Be sure patient escorts or transporters are aware of patient's hearing status and know how best to communicate.

### **Discharge**

Be sure patient understands diagnoses, treatment plan, medication, and follow-up instructions and has all information in writing. This should include any documents or information regarding an inpatient admission or transfer to another facility.