

**Standard 27**

Revised: 2003, 2006, 2009  
Reviewed: 1991, 1994, 1997, 2000

**CARE OF THE HEARING/SPEECH IMPAIRED PATIENT**

**OBJECTIVES:**

1. To promote communication.
2. To promote independence.
3. To minimize anxiety.

**PROCESS STANDARDS:**

1. If the patient uses sign language, a consult will be made to Social Services for a sign language interpreter to facilitate effective communication. If the patient is admitted after Social Service hours, the House Manager will be contacted for these services to be made available.
2. The Hospital shall provide a Telecommunication Device for the Deaf (TDD) upon request. Paper and pencil, or a sign board, will be made available for writing communications.
3. If the patient lip reads, speak normally, clearly, and face the patient.
4. The patient will be instructed via a qualified interpreter regarding procedures and tests.
5. The intercom system at the nurses' station will be labeled "deaf/mute patient". The call light will be answered, in person, promptly.
6. Hearing Impaired Patients that do not speak English will be provided with ASL services (American Sign Language).
7. The patient will be encouraged to participate in self care.
8. Patients may require qualified interpreter even with a family member that may be able to interpret.
9. The patient will be placed in a room with closed caption TV, if at all possible.

**OUTCOME STANDARDS:**

1. The patient will have been able to communicate needs.
2. The patient will have participated in self care.
3. The patient will have expressed an understanding of the procedures and tests.
4. The patient will express minimal anxiety.

**HAVE I DOCUMENTED:**

- \* Communication ability
  - Consult to social worker for sign language interpreter
  - Paper and pencil, sign board (if possible), provided

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#### HAVE I DOCUMENTED continued:

- \* Assessment  
Documentation present regarding assessment and reassessment of the patient's communication needs.
- \* Patient Education  
Procedures and tests  
How to get assistance  
Community resources

#### At The Time of Discharge:

- \* Patient/family has understanding of home and follow-up care

#### Reference:

1. Doenges, M., Moorhouse, M.F., and Murr, A. Accessed 5/13/09: [AR, LA, OK Libraries - LSU - Shreveport -- Nurse's Pocket Guide: Diagnoses, Prioritized Interventions, and Rationales - 11th Ed. \(2008\)](#). *Impaired Verbal Communication*. Canada: F.A. Davis Company.
2. Hospital Policy 5.14 Patient Communication Needs: [http://www.sh.lsuhscc.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_5.14.0.pdf](http://www.sh.lsuhscc.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.14.0.pdf)
3. National Association for the Deaf: [National Association of the Deaf](#)
4. U.S. Department of Health and Human Services, Office for Civil Rights: [Office for Civil Rights](#)
5. Stewart, R., (Director, HEW Office for Civil Rights), "Memorandum: OCR's Position on the Provision of Auxiliary Aids for Hearing Impaired Patients in Inpatient, Outpatient and Emergency Treatment Settings", (April 21, 1980), page two.
6. Section 504, Rehabilitation Act of 1973: [OASAM](#)