Care for the Hard of Hearing

Patients who are hard of hearing or deaf can sometimes require greater effort. The majority of our communication is verbal, and hard-of-hearing patients require a nurse to slow down and ensure the patient understands their plan of care. There are various reasons a patient may be hard of hearing or deaf. They could have conductive hearing loss from otitis media or a perforated eardrum, or sensorineural from genetics, loud music, or certain medications.



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Assessment

Normal: 0-15 dB
0 to 15 dB-bell
Individuals who are not deaf or hard of hearing hear about 0 to 15 decibels. The decibel scale is used to measure the intensity of sound.

Rinne's Test
Rhinoceros giving Rinne's Test
Rinne's Test is part of the tuning fork test (comparison of air and bone conduction). To perform this assessment, place a vibrating fork on the mastoid bone (bone conduction), count how long the patient can hear then quickly place the fork in front of the ear canal (air conduction). Individuals should hear air conduction twice as long as bone conduction.

Weber's Test
Web giving Weber's Test
Weber's Test is part of the tuning fork test (lateralization of sound). To perform this assessment, place a vibrating fork on top of the patient's head (midline). Ask the patient if the sound is equal in both ears. Sounds will differ if an ear is hard of hearing or deaf.

Tinnitus
Tennis-ball ringing ear
Tinnitus, ringing in the ear, is typically the first symptom that presents before a patient becomes hard of hearing or deaf.

Difficulty Following Conversations
Can't Follow Conversation-path
Patients who might not fully realize that they are becoming hard of hearing or deaf will ask you to repeat your question or answer questions inappropriately.

Nursing Considerations

Face Patient/Speak Clearly
Facing Patient and Speaking through Clear-megaphone
Be sure to face the patient and speak clearly when communicating. This clarity allows patients who are hard of hearing or deaf to know you are addressing them and affords them a chance to read your lips. There is no need to shout, as lower tones are typically easier for patients to hear.

Rephrase Misunderstood Statements
Rearranging Misunderstood Statement
If a patient does not understand something you have said, rephrase the question or statement. Do not state the same thing twice. Pause and then rephrase.

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Repeat Statements Back

Patient Repeating Statement

It is important to have the patient repeat what they understood from the conversation back. This ensures that the patient is able to follow along during the conversation.

Hearing Aids

Hearing Aid

Hearing aids come in all shapes and sizes. It is important to keep the hearing aids in a marked container when they are not in use to prevent them from getting lost.

Sign Language

Sign with Sign Language

If a patient understands or uses sign language, it is required by the Americans with Disabilities Act that an interpreter be present for activities related to informed consent and discharge teaching.

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