

# Early Mobilization of the Adult ICU Patient

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## Introduction

The purpose of this study is to examine the effect of early mobilization for the adult intensive care patient. The current standard is complete bed rest and sedation with turning and repositioning by the RN. Considering known deleterious effects of bed rest on patient's respiratory function and musculoskeletal strength, evaluation of current practice is indicated.

## PICO

**P-** Adult patients in critical care or intensive care unit

**I-** Early mobilization

**C-** Current ICU practice of deep sedation and complete bed rest

**O-** Length of stay, mortality and morbidity rates, patient outcomes, delirium, respiratory function, muscle strength, readmission

**Question-** Is early mobilization more beneficial to patient outcomes than complete bed rest in adult intensive care settings?

## Methods

Literary databases utilized:

- ◆ PubMed
- ◆ CINAHL
- ◆ EBSCO Host

Keywords used in the search included:

- ◆ Early Mobilization
- ◆ Adult ICU
- ◆ Sedation

## Mobilization Techniques

- ◆ Active mobilization
- ◆ Passive mobilization
- ◆ Active transfer
- ◆ Passive transfer

## Benefits to Early Mobilization

- ◆ Reduced ICU delirium
- ◆ Decreased duration of mechanical ventilation
- ◆ Reduced ICU stay, length of hospital stay, and readmission rate
- ◆ Decreased muscular atrophy
- ◆ Decreased inflammation
- ◆ Decreased risk of pressure ulcers

## Complications and Barriers to Early Mobilization

- ◆ Falls
- ◆ Multiple intravenous and arterial accesses
- ◆ Obesity
- ◆ Dislodgment of drains/tubes and accidental extubation
- ◆ Timing of procedures
- ◆ Increased nursing care time and interdisciplinary staffing
- ◆ Agitation
- ◆ Hypotension, tachycardia, tachypnea
- ◆ Unit culture

## Recommendations

The results suggest the following:

- ◆ Appropriate staffing for increased care during mobilization (respiratory therapist, physical therapist, multiple registered nurses)
- ◆ Scheduling of mobilization with increased interdisciplinary communication
- ◆ Tracheostomy
- ◆ Improved sedation management
- ◆ Changing sites of vascular access
- ◆ Physical and occupational therapy



[http://blog.mlive.com/citpat/2008/04/large\\_PTblaxton.jpg](http://blog.mlive.com/citpat/2008/04/large_PTblaxton.jpg)

## Conclusions

Literature reveals that early mobilization of adult ICU patients is a vital component of improved patient outcomes. Given recommendations and statistical data, early mobilization is also safe and achievable. More research is needed to identify absolute inclusion and exclusion criteria for early mobilization and which modalities for performing early mobilization produce the best patient outcomes.



[http://www.mobilizationnetwork.org/Network/Welcome\\_files/shapeimage\\_2.png](http://www.mobilizationnetwork.org/Network/Welcome_files/shapeimage_2.png)

## References

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