



Early Mobility of Adults in the Surgical Intensive Care Unit: Utilizing a Standardized Mobilization Tool

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Introduction

In the Surgical Intensive Care Unit (SICU), patients often remain stationary due to the extent of their injuries and surgeries. The act of early mobilization often goes unrecognized due to a lack of standardized assessment tools.

PICO Question

Population: Surgical Intensive Care Unit patients

Intervention: Early mobilization with use of the Surgical Intensive Care Unit Optimal Mobilization Score (SOMS) tool

Comparison: Current practice versus using an early mobility assessment tool

Outcome: Identify whether or not patient's mobility is higher after the use of the SOMS tool.

Question: Can the utilization of SOMS tool increase the mobility of a SICU patient and decrease length of stay?

Methods

A literature search was conducted using PubMed database, Medline, CINAHL, and The Cochrane Library.

Keywords: mobility, surgical patients, assessment tool, ICU

Inclusion Criteria: Articles within the last 10 years, surgical intensive care patients.

The initial search yielded 9 articles, 4 of which were included for this project.

Article	Methods	Results
Meyer, M.J, Stanislaus, A.B, Lee, J, et al. (2013)	Controlled trial in two hundred SICU patients in three academic medical hospitals in the USA.	Structure of the SOMS algorithm will help SICU clinicians minimize the hazards of mobilizing patients.
Hodgson, C, Needham, D, Haines, K, et al. (2014)	Thirty ICU nurses and physical therapy staff assessed the feasibility of the "ICU Mobility Scale (IMS)" using a 10-item questionnaire.	An eleven point ICU mobility scale was developed based on 95% of respondents stating the scale was quick and easy to use.
Drolet, A, DeJulio, P, Harkless, S, et al. (2012)	Team developed and implemented a mobility order set with an algorithm to guide nursing assessment of mobility potential. Patients 18 years of age or older that were hospitalized seventy-two hours or more.	6 months following implementation, the mobility rates rose from 6.2% to 20.2%
Bourdin, G, Barbier, J, Burle, J.F, et al. (2010)	Patient had to received at least 2 days of mechanical ventilation and stay in ICU for at least 7 days. Rehab, chair-sitting, tilting up, and walking interventions were used	Early rehabilitation of ICU patients is feasible and safe.

Discussion

- Mobilization is improved using a feasible tool
- Patients do not reach maximum potential for mobility
- An assessment tool can be more of a nurse driven protocol

Conclusions

- Individual rooms will have mobility assessment tools laminated and visible for nurses and staff
- Proper use of tool is proven to decrease length of stay in ICU

References

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