Progressive Early Mobilization Of Intubated Patient
"Today's Challenge Tomorrow's Success"

Surgical Intensive Care Unit (SICU) is a level 3 acute care unit with state of art facility. Critically ill patients in ICU's are at high risk for multiple complications like Delirium, VAP, ICU Acquired weakness, Pressure ulcers and muscle wasting. This can lead to increase in morbidity, mortality and can even persist for years after recovery from the acute disease. Evidence suggests that early mobilization can be done safely thus reducing the length of stay on ventilator, ICU and Hospital. The challenge of mobilizing ICU patients are the acute critical illness, The multi organ support systems, the extensive invasive and non invasive monitoring devices, Tubes and catheters. Earlier to this project in SICU, intubated patients were not mobilized beyond level 1. We were more concern about the consequences of any complications from mobilization. To gain confidence we developed a guideline for early mobilization which was later approved by Hamad Medical Corporation. Now it is a common practice in SICU to progressively mobilize intubated patient to the maximum achievable mobility level depending on the cases.

Aim

To improve compliance of physician placing a Physical therapy referral for all new patient admitted in SICU from 42% to 90%, and to achieve early progressive mobilization (level ≥ 2) of intubated patients from 11% to 60% by July 2017

Objective

- ✓ Every morning safety huddle to remind physician to initiate referral to all new admission.
- ✓ To consult the physical therapist early upon admission. Early assessment and initiation of mobilization by physical therapist.
- ✓ Overall improving the patients Physical and cognitive functions

Intervention

PDSA

Created protocol fro Mobilization (CG10100) – It standardize care and improve confidence level of clinical staff for mobilization.

Reminder Daily During Safety Huddle – help us in reminding cases who is not refer to physiotherapy and remind physician to order next level of mobility

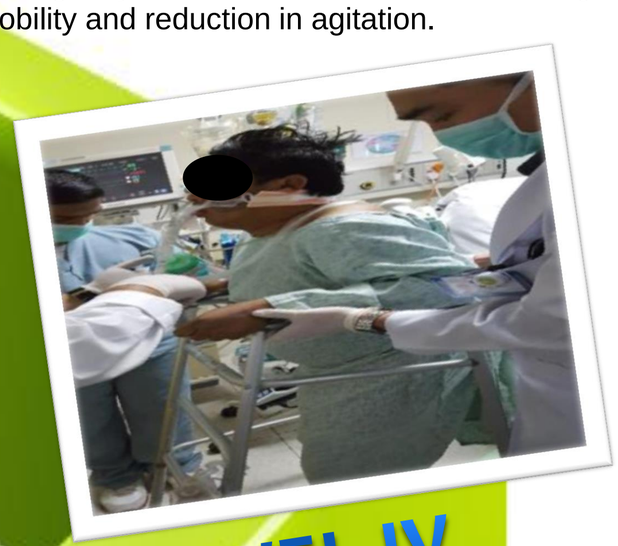
Conduct Daily Sedation Vacation – help in patient understand and cooperate in mobilization, help staff to easily conduct mobilization protocol

Minimal Sedation– keeping patient more awake and cooperative, hence easy to manage during mobilization

Regular Use of Ergometer– serve as on bed Active and passive physiotherapy even for severely ill patient.

Avoiding Physical Restraint – Avoid restricting the level of mobility and reduction in agitation.

LEVEL V



LEVEL IV

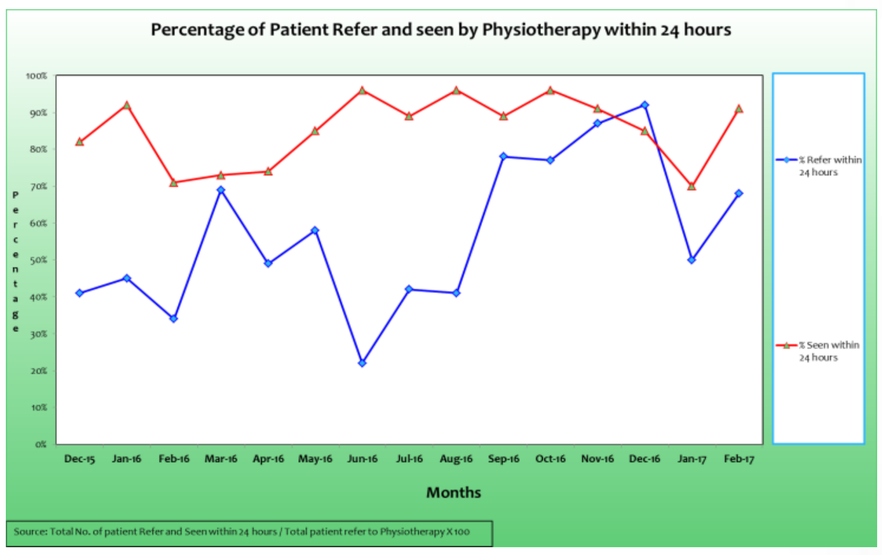
LEVEL III

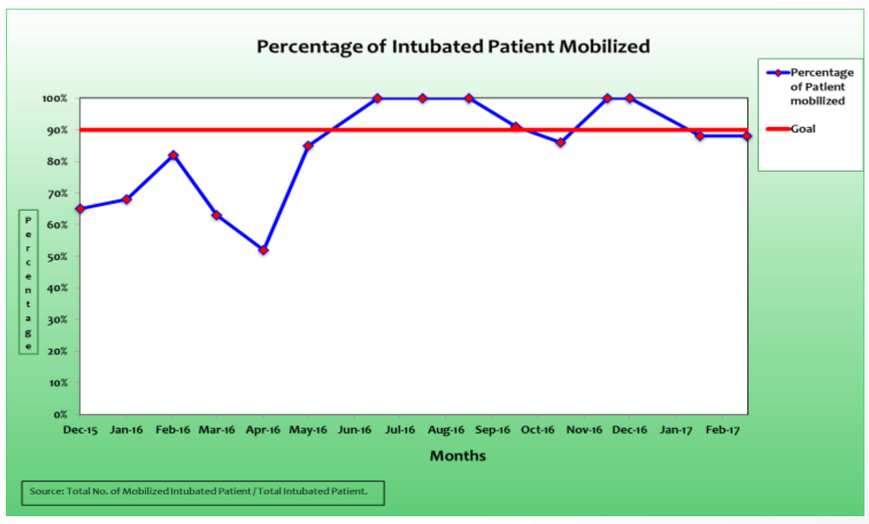
LEVEL II

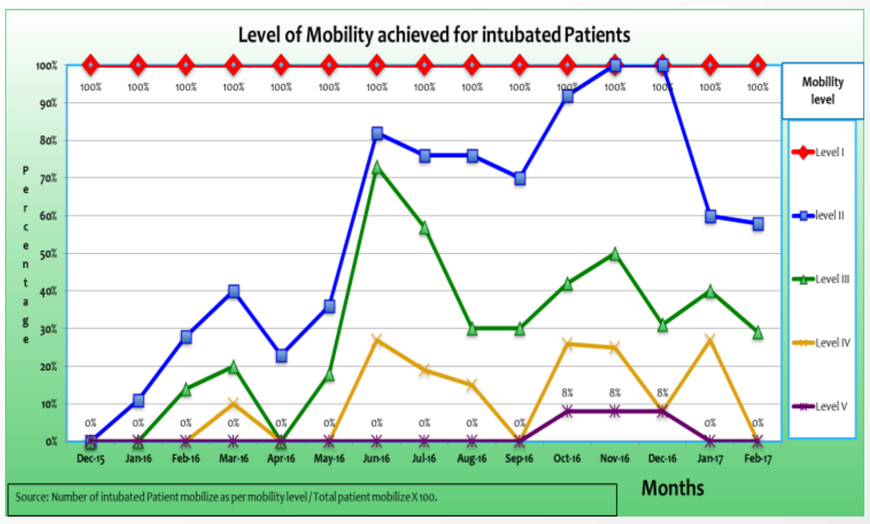
Conclusion

- ✓ An increase in compliance to therapy consultation during the first 6 months was evident and aiming to achieve our goals within the next 6 months.
- ✓ Most of our intubated patients according to their achievable level of mobility were mobilized.
- ✓ About 91% of patients referred to physical therapist were seen within 24 hours.
- ✓ There was Significant improvement in the mobilization level more than or equal to ≥2 of intubated patient from 0%.
- ✓ This was a significant change in the SICU culture in managing intubated patient.

Result







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