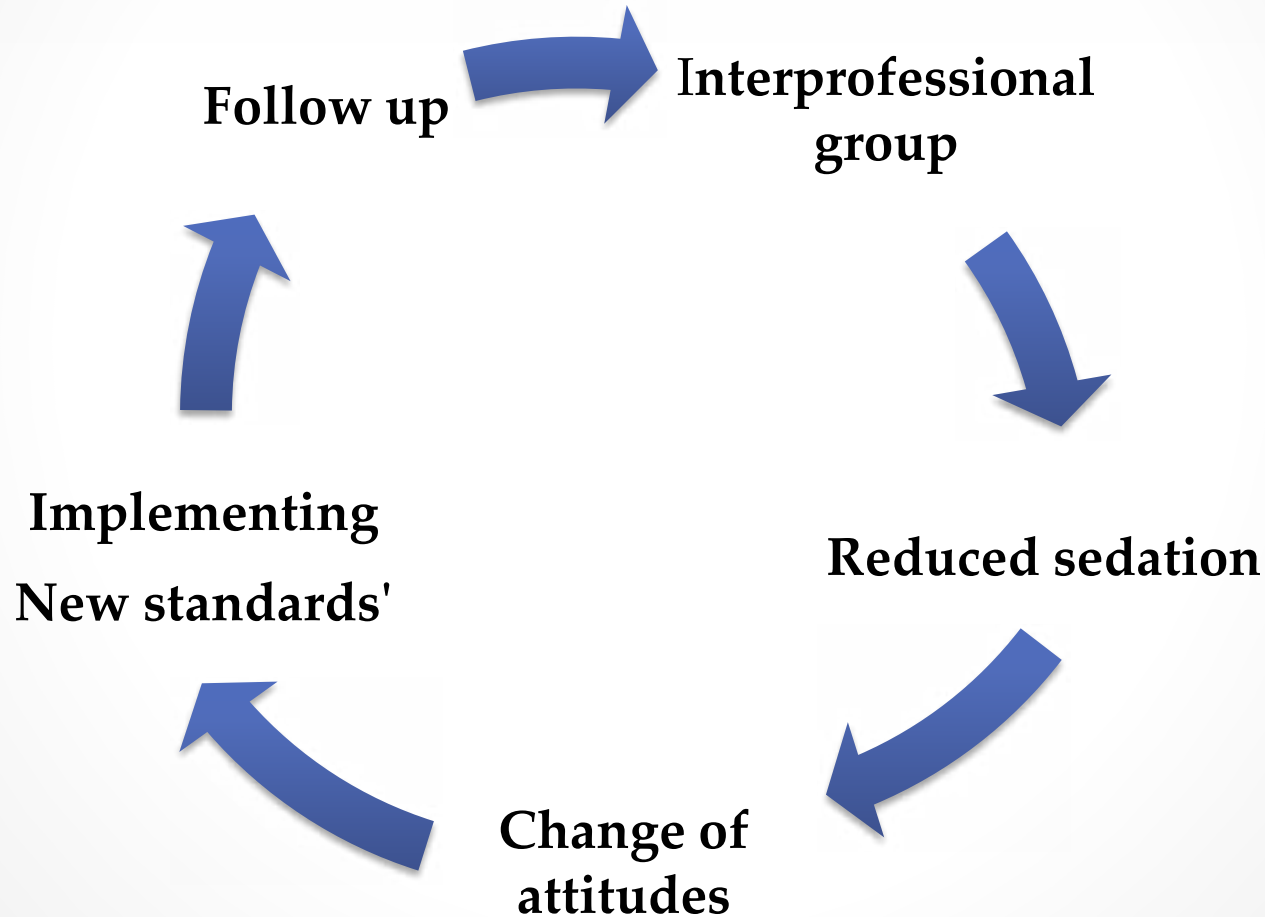


How we implemented new mobilization guidelines



How we implemented new mobilization guidelines



Interprofessional group



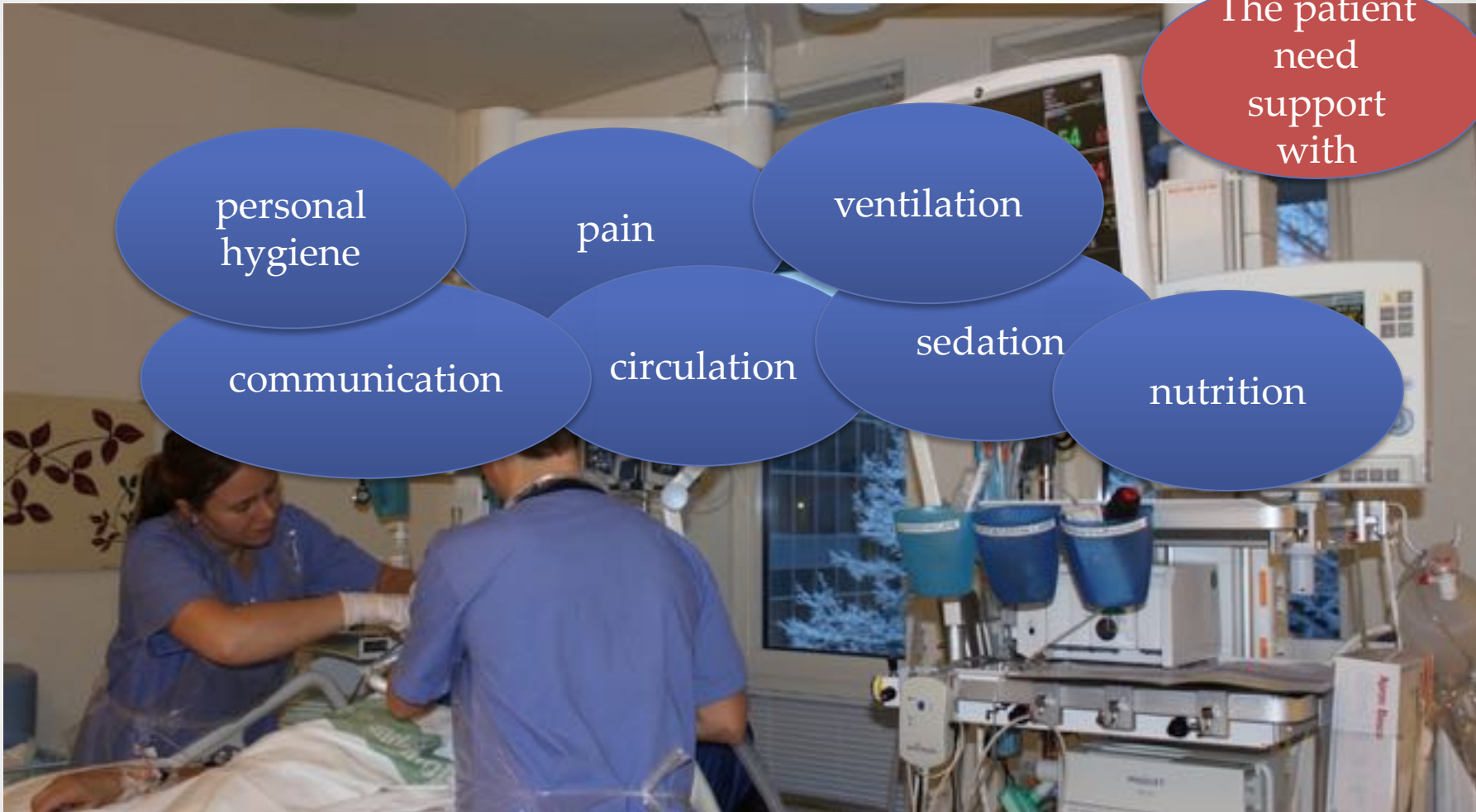
Doctor

Nurse

Physiotherapist

Auxiliary
nurse

The Intensive Care patient



personal
hygiene

pain

ventilation

communication

circulation

sedation

nutrition

The patient need support with

ICU beds



How to achieve early mobilization

Australia New Zealand: The main barriers to mobilisation were intubation and sedation.

Improved strength at ICU discharge was associated with early mobilisation and survival to day 90.

Nordic countries

Better pain management and lighter sedation were the key to more human care of the ICU patient

Germany: Patients were mobilized on 176 (54%) of 327 patient days. Adverse events occurred in 2 of 176 mobilization episodes (1.1%). In 71 (47%) of the 151 patient days where mobilization did not occur, potentially *avoidable factors were identified, including vascular access devices sited in the femoral region, timing of procedures and agitation or reduced level of consciousness.*

Brazilian ICU *in-bed exercises were the most prevalent activity.* During mechanical ventilation, only a small percentage of activities involved standing or mobilizing away from the bed.

- TEAM Study Investigators (2015), Egerod, I. et al (2015), Leditschke IA (2012=, Pires-Neto (2015)

Some of them go to work on it [tube] like it was some bloody sewer that had to be cleared, yeah. And they pushed it all down until it was completely blocked. And I couldn't breathe because of it either... and I had to breathe then so. . . Some of them were really good. . .so it was. . .in my experience, they had very different ways of managing the suction. Yes, absolutely! (P:6)''.

Karlsson V 2012



Round template Danderyds ICU daily targets

Situation	Abdominal/nutrition
Background <ul style="list-style-type: none">o Presento Earlier diseases	Infection <ul style="list-style-type: none">o Cultureso Dandringso Skin
Neurology <ul style="list-style-type: none">o GCSo RASS day shift _____ night shift _____o Pain _____o Wake up testo CAM-ICU	Mobilization <ul style="list-style-type: none">o Level 1-4o Limitation
Respiration <ul style="list-style-type: none">o Ventilation modeo PEEP levelo SAO2 _____ - _____o PACo2 _____ - _____o TV _____ - _____o Lung recruitmento Peep ventil	Limitation in treatment <ul style="list-style-type: none">o Yeso Noo Needs to be discussed
Circulation <ul style="list-style-type: none">o Heart rateo MAPo SAPo Blood counto Ultrasound	Information to family <ul style="list-style-type: none">o Nurseo Doctor
Kidney/Fluid balance <ul style="list-style-type: none">o Normal weighto Todays weighto Fluid balance	Action plan
	Medical prescriptions
Koagulation/liver <ul style="list-style-type: none">o Plateletso PK/INR	Remember <ul style="list-style-type: none">o Antibioticso Todays consultants and referral

Our 4 levels program

- Level 1: joint contraction prevention
- Level 2: mobilizing to sitting position on the edge of the bed or/and in a chair beside the bed, Bed cycling
- Level 3: standing up marching on the spot and to sit in a wheel chair for a couple hours
- Level 4: going for a walk.



Staff education day

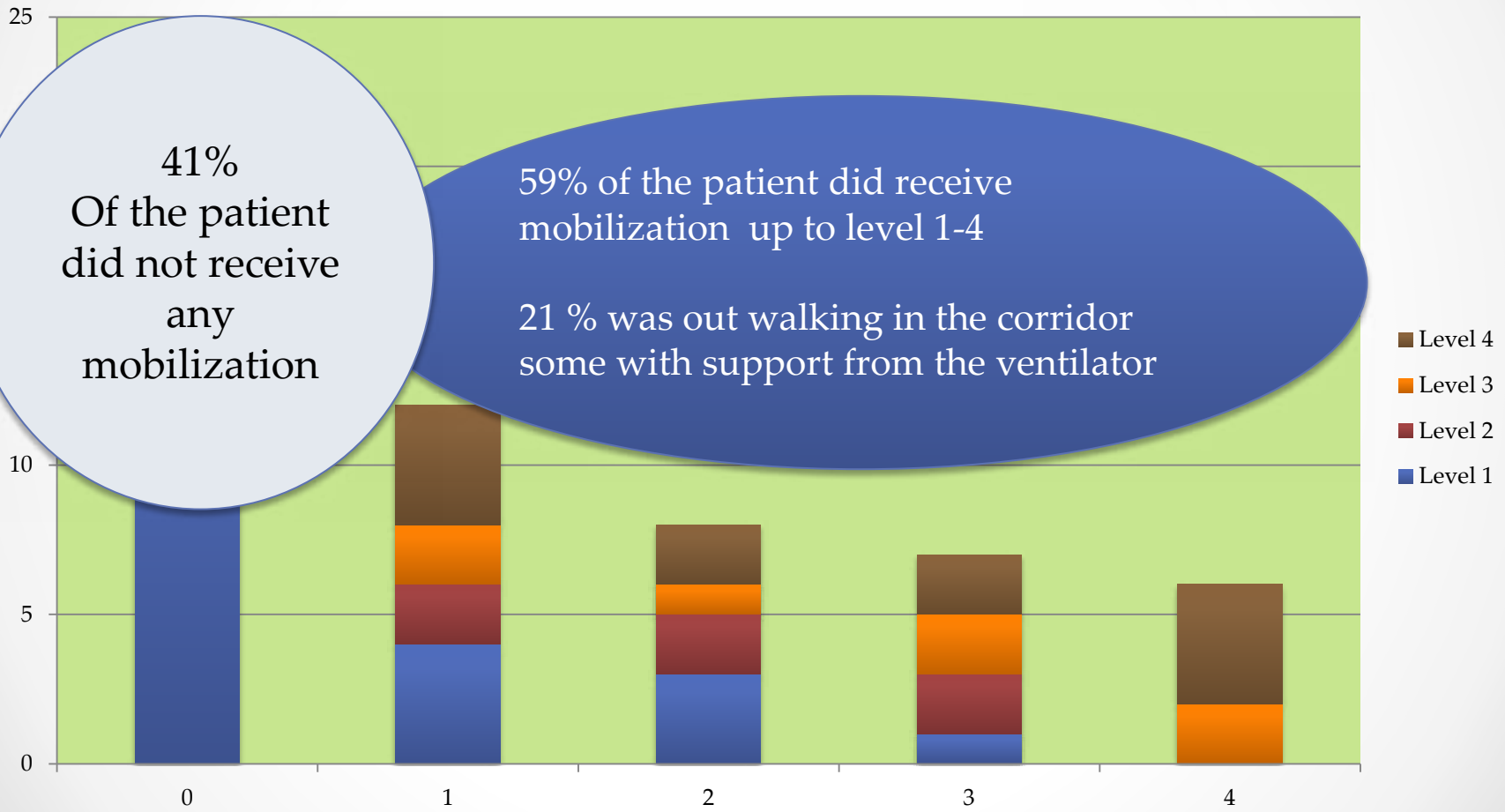


<http://davejunny.com/2015/01/educating-staff-to-maximize-your-investment/>

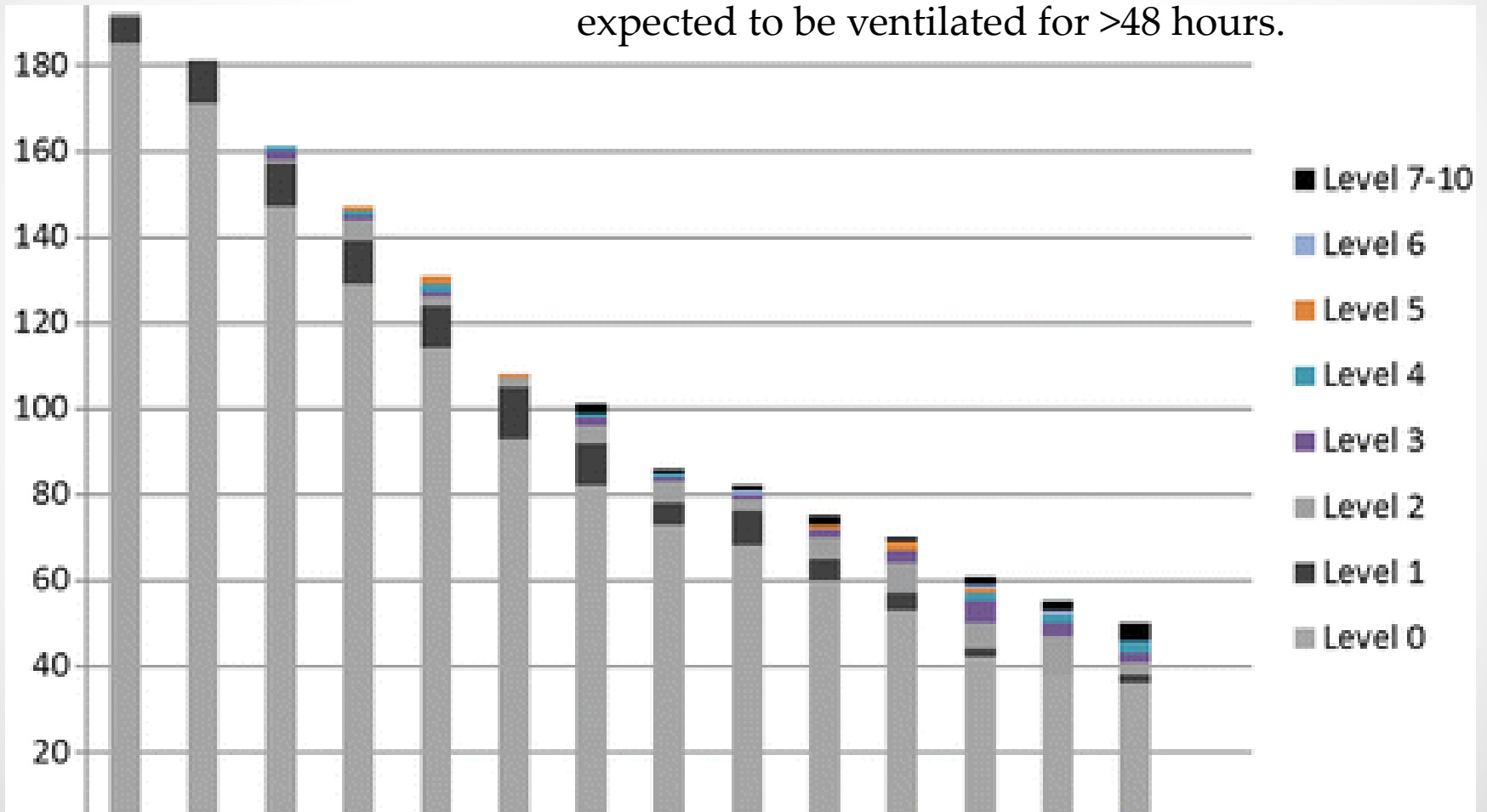
To become familiar with the mobilization devices



Compliance to prescribed mobilization



This was a prospective, multi-centre, cohort study conducted in twelve ICUs in Australia and New Zealand. Patients were previously functionally independent and expected to be ventilated for >48 hours.



Outcome

- Showed a change over time from the first assessment and the strength were greater in the intervention group.



TEAM Study Investigators (2015),

Future challenges



To enjoy the sunshine



Thank you

eva.barkestad@ds.se



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