Early Mobilization of Intensive Care Unit Patients

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GUIDELINE

- Defines the appropriate time for the RN to consult Physical Therapy
- Screening physiologic conditions for safe mobility—mechanical

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EARLY PROGRESSIVE MOBILITY NURSING PRACTICE GUIDELINE

Step 1 (All Patients)
- Passive ROM TID
- Turn Q2 hours side to side (No Time Sure)
- HBO 30-45° unless contraindicated or provider order

OTHER CONSIDERATIONS FOR VENOUS FEMORAL LINES

- Mobility contraindication for patients with:
  - Femoral access is not the only access & loss would prevent bed (kinking, reduce flow, etc.)
  - Line is secured
  - Femoral arterial sheaths (impella, IARP, arterial sheath post procedure)
  - Femoral temporary pacemaker wires

SAFETY SCREENING

EVALUATE DAILY:
- P/F ≥ 60
- PPV ≤ 10 cm H₂O
- Stable Hemodynamic Status
- No increase of any vasopressor ≥ 2 hrs
- MAP > 60 mm Hg and MAP ≤ 60 mm Hg
- No evidence of active myocardial ischemia
- Absence of symptoms of or unstable dysrhythmias
- Normal ICP or vasopressor not requiring intervention
- No therapies that contraindicate mobility

SURVEY OF RNs AND PTs RESULTS

Survey questions with associated number on chart:
1. I understand at which mobility step it is appropriate to consult Physical Therapy. (RN 3.5)
2. I have received training on how to safely mobilize my patients. (RN 4.2 PT 4.7)
3. I feel we have proper equipment and/or furnishings to mobilize my patients. (RN 3.8 PT 3.2)
4. My patients are too sick to be mobilized. (RN 2.6)
5. I have enough staff resources to mobilize patients on my unit. (RN 2.9 PT 3.5)
6. I know that I can mobilize patients with femoral venous lines. (RN 3.6 PT 4.1)
7. Unless there is a contraindication, my patients are mobilized at least once a shift by nursing staff. (RN 3.7 PT 3.1)
8. I document the Mobility Step of my patient according to what they achieved on my shift. (RN 3.7)
9. Inpatients who can be mobilized usually have appropriate physician orders to do so. (RN 2.9 PT 3.8)
10. My patients’ mobility level is discussed during daily patient rounds. (RN 2.8)
11. I believe that increasing mobility decreases the level of delirium in my patients. (RN 4.6 PT 4.9)
12. My patients have contraindications to mobilization. (RN 3.1)
13. I have enough time in my shift to mobilize my patients. (RN 2.9)
14. My patients are resistant to being mobilized. (RN 2.9 PT 2.8)
15. I feel comfortable mobilizing patients with femoral venous lines. (RN 2.8 PT 3.7)
16. I feel comfortable treating patients in the ICU. (PT 4.4)
17. I feel comfortable mobilizing patients in the ICU. (PT 4.3)
18. I have time to see patients as often as they feel comfortable spending time. (PT 3.6)
19. I understand potential contraindications to mobilization. (PT 4.3)

REFERENCES

15. Critical Care Nursing Quarterly, 39(2), 190-195. doi:10.1097/CCQ.0000000000000224