

Mobility in a Surgical/Trauma ICU: Overcoming Challenges with Teamwork

Gina Garriss, MS, OTR/L
Julie M. Linder, DNP, ACCNS-AG



Objectives



1. Identify & discuss team members who have an impact on unit culture.
2. Recognize the critically ill patient eligible for early mobility.
3. Identify the role of therapies in the ICU setting.
4. Navigate challenges of complex situations through utilization of interdisciplinary mobility programs.

2

Team Members



- Nurse
- Clinical Nurse Specialist
- Charge Nurse/Assistant Nurse Manager
- Advance Practice Providers
- Therapists
- Physicians

3

Team Member Characteristics



- Nurses understanding of therapist training
- Incorporating family into the team
- Ensure team is finding reasons to see the patient
 - Examples

4

Patient Characteristics



- Vasopressors vs. no vasopressors
- HR, O2 Sats, BP
- Impending SBT
- Weight bearing status
- Mental status change

5

Role of ICU Therapists



- OT – includes positioning; splinting; self-care retraining; providing functional transfers required for engaging ADLs; providing strength training; and teaching about safety, falls prevention.
- PT – includes passive/active range of motion, bed exercises, sitting at the edge of the bed, transfers, endurance training, therapeutic activities.

6

ICU Mobility Protocol



ICU Mobility Protocol

Mobility Team: OT, PT, LRT Team

Level I	Level II	Level III	Level IV
Unconscious	Comatose	Comatose	Comatose
PRCMA T10	PRCMA T10	PRCMA T10	PRCMA T10
Q2hr turns	Q2hr turns	Q2hr turns	Q2hr turns
Active OT & PT	Active OT & PT	Active OT & PT	Active OT & PT
Sitting position - min 20 minutes 2x/day	Sitting position - min 20 minutes 2x/day	Sitting position - min 20 minutes 2x/day	Sitting position - min 20 minutes 2x/day
Can move arm against gravity	Can move arm against gravity	Can move arm against gravity	Can move arm against gravity
		Can move leg against gravity	Active transfer to Chair GDB, PT/OT, Min 20 minutes/day

Assess for Activity within 24 hr admission to MICU and follow up daily.

Activity initiated 24-48 hours after admission.

Patients seen 5 times per week with a goal of 2 therapy sessions per day.

2 Therapy session per day - Co-Evaluation by OT & PT in am if necessary. Patient is seen for treatment by PT or OT in the afternoon based on needs and workload. After evaluation patient's are determined to be on arm or arm treatment for both PT & OT for the following days.

Activity Goal for ICU - PT Ambulate >300 Feet before ICU d/c
OT Perform BSC transfer with minimal (A)

7

Complex Situations



- Helicopter Family Member
- Patient emotional/psychological status
- Devices vs resource utilization
- Multiple family members who are injured

8

Questions???



- What challenges have you experienced?
- What hesitations do you have when mobilizing a patient?
- What suggestions do you have for a successful ICU mobility protocol?

9

References



- Hodgon, C.L., Capell, E., & Tipping, C.J. (2018). Early mobilization of patients in intensive care: Organization, communication and safety factors that influence translation into clinical practice. *Critical Care*, 22(77). doi: 10.1086/s13054-018-1998-9
- Harris, C.L., & Shahid, S., (2014). Physical therapy-driven quality improvement to promote early mobility in the intensive care unit
- Nguyen, Vi., Thao-Houane, T., Warren, M.L. (2014). Early Mobilization – Occupational Therapy With the Multidisciplinary Team Approach

10