ICU
MANAGEMENT & PRACTICE

Optimising Early Mobilisation & Rehabilitation in Intensive Care

More than forty randomised trials have evaluated early mobilisation and rehabilitation in ICUs in the last decade. These trials usually aim to reduce the incidence of ICU acquired weakness (ICUAW) which is known to be associated with poor long-term survival, poor physical function and decreased quality of life. Eight international guidelines recommend early mobilisation and rehabilitation in intensive care. However, despite these guidelines, implementation of mobilisation and rehabilitation remains variable.

Here is a quick overview of ten steps to help ICU clinicians optimise early mobilisation and rehabilitation:

1. Creating multidisciplinary teams with designated champions as they can help develop a culture of mobility and can use leadership and communication to educate, train, coordinate and promote early patient mobilisation.
2. Using structured quality improvement processes to enhance successful implementation of early mobilisation and rehabilitation.
3. Identifying barriers and facilitators to early mobilisation and rehabilitation, including patient-related barriers, structural barriers, procedural barriers, and cultural barriers.
4. Promoting multi-professional communication by using a structure adapted to the individual ICU that allows mobilisation goals and an opportunity for all team members to raise concerns and ensure flow of information regarding mobility goals and achievement.
5. Understanding patient preferences and being aware of patients' short-term goals and longer-term rehabilitation planning based on patients' progress.
6. Adopting safety criteria of in-bed and out-of-bed ICU mobilisation and establishing specific criteria across respiratory, haemodynamic, neurological, and other body systems to be considered when determining mobilisation goals for individual patients.
7. Implementing care bundles for pain, sedation, delirium and sleep as these can be barriers to early mobilisation and rehabilitation.
8. Obtaining necessary equipment to expand treatment options, increase patient mobility and activity levels and reduce risk of injury to staff.
9. Evaluating optimal timing, type and dose of intervention and using clinical judgement to tailor strategies to individual patients.
10. Assessing outcomes and performance by setting patient goals and tracking their progress, allocating scarce rehabilitation resources to patients who may benefit the most and conducting evaluations of structured quality improvement programmes.

Overall, these ten strategies provide guidance for implementing early mobilisation and rehabilitation in the ICU with the goal of optimising safety and effectiveness and improve patient experience and outcomes.

Source: Critical Care

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