ICU Early Mobility at UCSF Lessons Learned, Patient Benefits

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Staffing and Equipment

• UCSF- one full time PT added
• No additional RN or RT staff
• ICU platform walker, ear plugs, eye masks, seating cushions
• PTs mobilize patients to higher level than RNs

Staffing and Equipment

• MOTO-Med Letto
  – Deconditioned, too weak for OOB
  – Medically fragile
  – Femoral dialysis catheters, mechanical ventilation
  – Aerobic work
Barriers to Initiating Early Mobilization

• Sounds like a good idea, but:
  – I cannot add staff at this time
  – It’s too much work
  – It’s not safe
  – The evidence is not conclusive enough
  – Verbal support without concrete follow up
  – Skeptical managers and Medicine clinicians
  – Practice patterns, protocols, communication, and documentation systems must be changed
  – Endless meetings, no start date
Barriers to Implementation- “It’s Not a Strength Issue.”

- Nervous or skeptical clinicians
- Minimal resources allocated
- Awkward equipment
- PT referrals still too late
- Unclear protocol
- PT in the ICU now a moderate priority rather than a last priority, but not a top priority
- Mobility prior to extubation is difficult concept for all
- Constantly rotating and changing personnel
- Variations in sedation practices
- New hospital and discharge course predictions required for ICU and floor personnel
ICU: Prelude to Mobility Activity

- Physical Therapist Rounding in ICU
  - Look in on the patient
  - Set an appointment time with the patient and family
  - Talk to the RN, RT, OT

- Medication needs prior to PT
- Find that optimal window of time for the patient

UCSF ICU- step 1, untangling
UCSF ICU - step 2, bed exercise
UCSF ICU- step 3, sitting on EOB
UCSF ICU- step 4, assisted sit to stand
UCSF ICU- step 5, walking
UCSF ICU- step 6, sit and rest as needed
Benefits to UCSF- ICU Early mobilization
Less stress experienced by family and patients
Sitting on the Edge of the Bed

- Why is this therapeutic?

- What makes this different from using a lift device to transport a patient to a chair?

- What makes this different from placing the bed in a chair position?
Sitting on the Edge of the Bed

- Trunk control
- Vestibular training
- Joint compression
- Joint/muscle stretching
- Lung expansion
- Airway clearance
- Aerobic exercise? (Yes!)
- GI motility
- Orientation, mental status
- Endurance
Sitting on the Edge of the Bed - Now What?

• Talk to patient and family - interview them
• Go SLOW
• Calm and reassure patient and family – Anxiety is normal
• Don’t forget the importance of upper body exercise

When Is It Time to Stop and Rest?

- Patient remains unresponsive
- Fatigued, pale appearance
- Respiratory rate consistently > 10 bpm above baseline
- Decreasing muscle recruitment
- Loss of balance
- Decreasing weight bearing ability
- Diaphoresis
Mobility is Life and Medicine

• Early mobility is profoundly beneficial to your patients

• Don’t be afraid, they do better than you expect

• It is a MULTIDISCIPLINE task
