Early Mobility in Preventing Functional Decline in the Elderly
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**Problem:** Functional status is influenced by physiological aging changes, acute and chronic illnesses, and adaptation to the physical environment. Functional decline is often the initial symptom of acute illness such as pneumonia and urinary tract infections. During hospitalization, the elderly often experience reduced mobility and activity levels. Functional decline has been identified as the leading complication of hospitalization for the elderly.

**Evidence:** More than 12.5 million people aged 65 and older who were discharged from the hospital found that functional decline occurred as early as the second day of hospitalization (Graf, 2006). This is a common result of the older adult’s “cascade to dependency, in which normal aging changes, combined with bed rest or immobility result in irreversible, physiologic changes, poor outcomes at discharge, and for many, placement in a nursing home” King (2006, p. 54).

**Strategy:** A policy change was implemented requiring geriatric patients to be out of bed twice daily. Out of bed was defined as either out of bed for a minimum period of 30 minutes each time, two times a day, or out of bed walking a minimum of 50 feet two times a day. This study evaluated the benefit of the protocol by comparing functional status on admission and at discharge. It included analysis of retrospective data generated both before and after the recent policy change regarding the functional status of patients 65 years of age and older. Anonymous data was collected from a medical record review.

**Evaluation:** A t-test was used to compare the change in functional assessment between the two groups. The significant result was p<0.0001.

**Results:** Early mobilization of the elder, by day two, demonstrated functional status either remained the same or improved.

**Recommendations:** A decision was made for the hospital to adopt the definition of out of bed, as defined in this study.

**Lessons Learned:** Staff involvement is essential to increase staff involvement in EBP and research.

**References**