Early Mobilization of Hospitalized Geriatric Patients
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Problem:
According to the literature, the majority of the hospitalized elderly spend most of their time in bed. 1, 2 During this time, elderly patients experience between 20%-40% functional decline. 3

Evidence:
At a major metropolitan hospital in Houston, Texas, the average population of patients 65+ years old is approximately 35-40% of the daily discharged patients. A prospective chart review was conducted of a convenience sample of hospitalized elderly patients in five specific patient care units. The sample consisted of 23 female and 27 male patients aged 65 to 93. Baseline data showed that 64% were ordered to be mobilized; 19% had no mobility documented during the first three days of admission; 16% had no mobility documented on at least two of the first three days; 61% who had mobility orders were not mobilized on at least one of the three days.

Strategy:
A geriatric mobility project team was developed to increase nursing staff awareness of the need for early mobilization of geriatric patients to prevent functional decline (EMPFD), and to encourage accurate documentation of mobility in the medical record.

Practice Change:
A mobility algorithm was developed and implemented to guide staff regarding types and frequency of mobilization for specific patient categories on select patient care units. Education was comprised of evidence-based EMPFD practices.

Evaluation:
A post educational prospective chart review was conducted of a convenience sample of hospitalized elderly patients in the same five patient care units.

Results:
Follow-up data is currently being evaluated.

Recommendations:
Educate the patient care staff about the importance of EMPFD in geriatric patients. Devise a convenient and simple way to document mobility on the medical record.

Lessons Learned:
Documentation in the medical record is inconsistent and is not a strong source of data. Nursing staff were unaware of the relationship between immobility of hospitalized elderly patients and the onset of functional decline.

Bibliography:


