Put Your Best Foot Forward: Progressive Mobility in the ICU
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Problem:
Patients in the ICU with mechanical ventilation, increased pain, and multiple lines and equipment are susceptible to immobility causing muscle weakness and wasting.

Evidence:
Early progressive mobility studies show that an interdisciplinary team is necessary to promote mobility interventions (Ross & Morris, 2010).

Strategy:
In a large Midwest medical center, the cardiovascular surgical ICU conducted a descriptive study using a convenience sample to evaluate the effectiveness of a progressive mobility protocol. IRB approval was obtained and all patients meeting the inclusion criteria were started on our mobility protocol.

Practice Change:
The Progressive Mobility Protocol was divided into three phases. Phase I included progressively raising the HOB, lower legs to a full dependent position while assessing lower extremity strength. Phase II began with challenge standing and evolved to chair transfer TID. Phase III for both intubated and extubated patients included ambulation; sometimes with chest tubes and central lines. Progression was dependent upon subject’s tolerance and not prevented due to intubation status.

Evaluation:
Using a mobility data collection tool, the nurse documented daily activity, vital signs before and after activity, intolerance to activity, and the highest activity phase attained. Daily, the subject rated “how well do you feel you can move today?” on a 100mm visual analog scale. Mean ventilator hours of the sample were compared to the six months prior to the initiation of protocol.

Results:
Of 340 subjects enrolled, 298 completed the study (male, 56%) with a mean age of 66.5 years. The majority (88.6%) of subjects completed Phase III-extubated. There was a significant improvement in VAS ratings over time. The number of ventilator hours was significantly less (Z=-3.246, p=.001) in the study group (35 ± 87 hours) than comparison group (63 ± 141 hours).
**Recommendations:**
Education and continual mentoring is essential to break through old barriers and gain confidence to mobilize critical patients.

**Lessons Learned:**
Early mobility is attainable in the ICU and enhances the patient’s perception of recovery.

**Bibliography:**
