

Mobility in Intensive Care Unit

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Survival in ICU has improved in last two decades due to evidence based patient care strategies. Patients and Clinicians are now dealing with the aftermath following ICU discharge. Profound neuromuscular weakness is a common complication leading to severe functional impairment in patients after surviving an episode of acute critical illness.

Systemic inflammation and prolonged bed rest due to sedation are thought to contribute to ICU acquired weakness. Sentinel study by Herridge., *et al.* reported outcomes in ARDS survivors. They looked at one year [1] and five year outcomes [2].

Initial study had 109 ARDS ICU survivors with a mean age 44 with APACHE score 23, median ICU stay 25 days. Patients were followed for 3, 6, 12 months yearly for 5 years.

At every visit they did Physical, PFT, 6 min walk test and QOL questionnaire.

In these patients 6 min walk distance reduced, they had functional impairment from muscle loss and fatigue, they lost 18 percent of their mean body weight While Lung volume and spirometry normal by 6 months, less than half returned to work at 1 year. These patients had persistent exercise limitation and reduced physical quality of life up to 5 years after illness and the authors concluded that early mobility and rehabilitation may ameliorate the persistent ICU acquired weakness.

The economic impact of mobilizing critically ill patients early has been looked at in other studies too and even young patients who survive illness are often never able to return to work [3].

This emphasizes the need to design and evaluate vocation-based interventions to assist ARDS survivors return to work.

Traditional model of prolonged bed rest and deep sedation in ICU has been challenged and multiple studies have demonstrated safety of mobilizing patients while on mechanical ventilation.

The benefits of early mobility include shorter hospital and ICU length of stay, reduction in incidence of delirium and higher percentages of patients going home after discharge.

This goal can only be achieved by multidisciplinary participation by nurses, physical therapists and physicians alike.

We will be initiating a mobility protocol in our ICU to actively maximize mobility potential in all patients, this will be reviewed by nursing on a daily basis and based on goal for the day patient to achieve maximal mobility with aid of mobility technician and Physical therapist.

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