Standardized Approach to Early Mobilization of the Critically Ill Pediatric Patient

Date: July 7, 2022
Time: 1:15 p.m. to 1:50 p.m.
Place: 219B SCCB

Abstract

Problem: Many pediatric intensive care units (PICU) do not have early mobilization guidelines in place. Early mobilization (EM) is defined as any exercise initiated for a patient within 48 hours after PICU admission. Several studies show that use of early mobilization in this setting can lead to improved outcomes for pediatric patients such as reduced delirium, maintenance of muscle strength, and little reduction in functional deficits. Initiation of an EM guideline should be done to improve patient outcomes by discharge.

Methods: This QI project used a descriptive design to collect prospective data after a new EM guideline was implemented. The project used convenience sampling to assess whether EM was completed on PICU patients, along with other demographic variable data. Lastly, a postimplementation survey was given to PICU staff to assess confidence regarding EM.

Results: EM occurrences increased to 87.6% from pre-implementation rate of 5-10%. EM rates were associated with physical therapy and occupational therapy consultations ($\chi^2(2) = 18.95, p < .001$) and patient diagnosis ($\chi^2(12) = 21.17, p = .048$). Additionally, a Qualtrics staff survey noted increased knowledge and confidence regarding EM.

Implications for practice: The EM guideline should be continued for further PDSA cycles to look for a relationship between EM occurrences and specific patient outcomes. Continued staff education is needed for continued compliance and the EMR Flowsheet should include a quick link to improve documentation compliance.

Defense of Dissertation Committee
Cathy Koetting, DNP, APRN, CPNP-PC, PMHS, FNP-C
Jessica Mann, APRN, CPNP-AC
Courtney Maguire, MD