

Question:

In critically ill patients, how does staff committing to early mobility compared to no early mobility mitigate the adverse effects associated with illness in an intensive care unit?

Summary:

Early mobility in critically ill patients has been shown to have many positive effects and even reduce the length of a patient's hospital stay (Zhang et al., 2019). Compared to the complications that are associated with bed rest and critical illness such as, "alterations in peripheral muscle architecture, contractility, decreased aerobic capacity, and insulin resistance" (Denehy, L., & Lanphere, J., & Needham, D., 2016) early mobility should be put into practice. There have been many studies that show that putting a treatment protocol in place for early mobilization for specific patient cases such as bypass surgery, sepsis, and mechanical ventilation can decrease the number of ventilator days, incidence of ICU associated weakness, and improve the functional capacity of patients (Zhang et al., 2019) "without increasing the rate of adverse events" (Zhang et al., 2019). One example of a policy to increase staff commitment would be an early mobilization protocol based on a patient's Richmond Agitation Sedation Scale, also called RASS, score (Watanabe et al., 2021). Another benefit to early mobilization of critically ill patients is the financial aspect of a shortened hospital stay for both the patient and the hospital. A shorter hospital stay decreases the risk for hospital acquired infections, and "increases the bed turnover rate, which in turn increases the profit margin of hospitals while lowering the overall social cost" (Baek et al., 2018). This also in turn reduces the burden of medical fees for the patient (Baek et al., 2018). Early mobilization of critically ill patients has far more benefits than no early mobilization.

Conclusion:

In conclusion, after reading through the three articles there are many benefits to staff committing to early mobilization of critically ill patients and does not increase the rate of adverse events. Early mobilization increases ventilator free days, decreased the length of stay in the ICU, and decreased ICU associated weakness. A decrease in the number of days hospitalized benefits both the hospital and the patient, by improving patient outcomes, minimizing the risk of hospital acquired infections, and decreasing the cost of care for both parties. Therefore, staff committing to early mobilization of critically ill patients shows better patient outcomes than not implementing early mobilization.

Work Cited:

Primary Article

Zhang, L., Hu, W., Cai, Z., Liu, J., Wu, J., Deng, Y., Yu, K., Chen, X., Zhu, L., Ma, J., & Qin, Y. (2019). Early mobilization of critically ill patients in the intensive care unit: A systematic review and meta-analysis. *PLOS ONE*, *14*(10). <https://doi.org/10.1371/journal.pone.0223185>

Secondary Article

Denehy, L., Lanphere, J., & Needham, D. M. (2016). Ten reasons why ICU patients should be mobilized early. *Intensive Care Medicine*, *43*(1), 86–89. <https://doi.org/10.1007/s00134-016-4513-2>

Tertiary Article

Baek, H., Cho, M., Kim, S., Hwang, H., Song, M., & Yoo, S. (2018). Analysis of length of hospital stay using electronic health records: A statistical and data mining approach. *PloS one*, *13*(4), e0195901. <https://doi.org/10.1371/journal.pone.0195901>

Watanabe, S., Liu, K., Morita, Y., Kanaya, T., Naito, Y., Arakawa, R., Suzuki, S., Katsukawa, H., Lefor, A. K., Hasegawa, Y., & Kotani, T. (2021). Changes in barriers to implementing early mobilization in the intensive care unit: a single center retrospective cohort study. *Nagoya journal of medical science*, *83*(3), 443–464. <https://doi.org/10.18999/nagjms.83.3.443>