



A Nurse Driven Protocol to Promote Early Mobilization of Mechanically Ventilated Patients

Sarah E. Criscuolo, SN

Mentor: Professor Jennifer Arsan-Siemasko, MSN, RN-BC
Davis & Henley College of Nursing, Sacred Heart University – Fairfield, CT



Purpose

To explore a safe and feasible protocol for nurses to implement in the ICU setting to reduce the short- and long-term consequences associated with prolonged mechanical ventilation

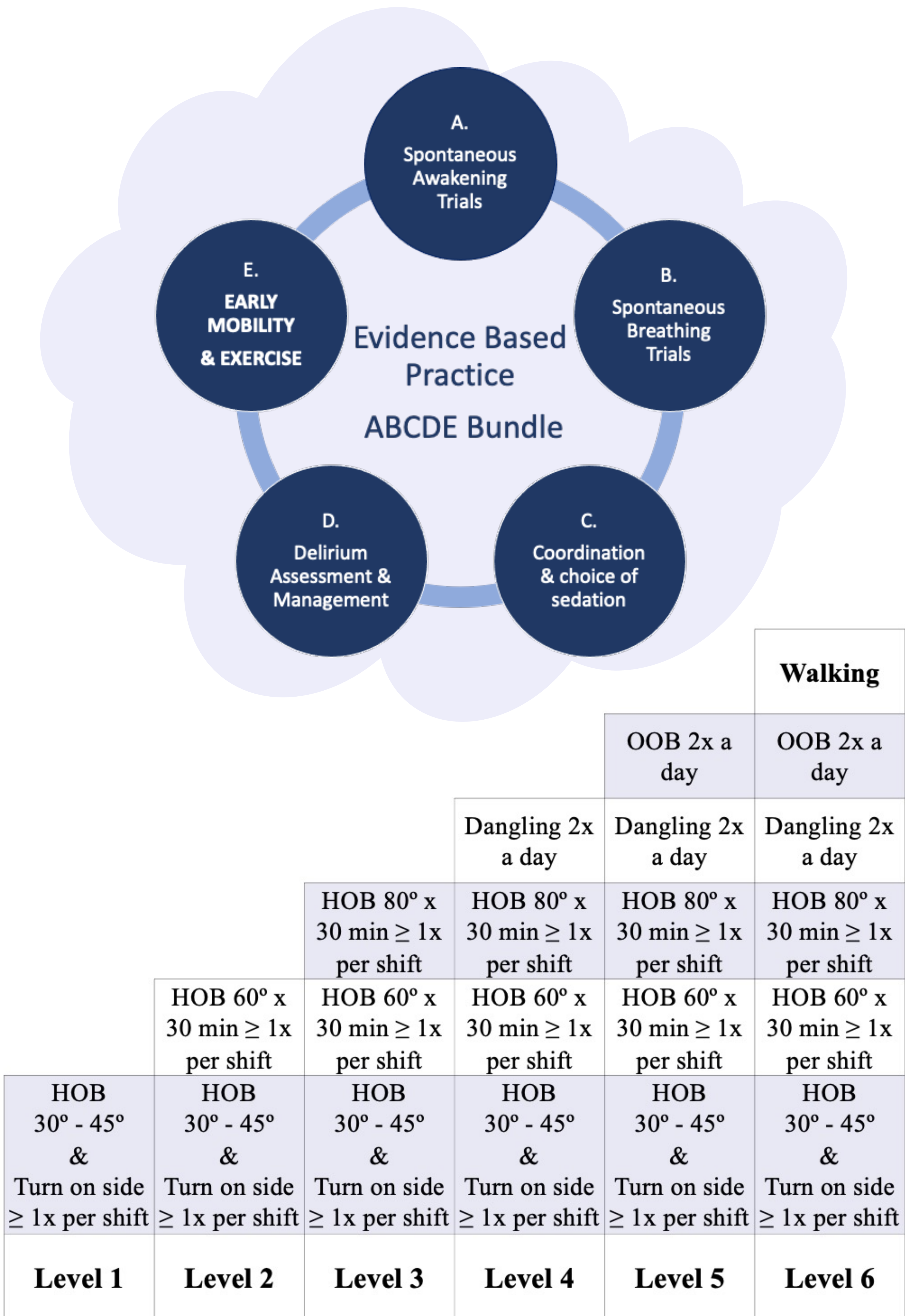
Background

- 33% of ICU patients receive mechanical ventilation as part of their treatment (Bilodeau et al., 2018).
- Bed-rest was once considered standard practice for severe illnesses and mechanically ventilated patients (Negro et al., 2018).
- Immobility related to mechanical ventilation leads to:
 - Delirium
 - ICU-acquired weakness
 - Increased mortality rates
 - Prolonged ICU and hospital stays
 - Poor functional ability and quality of life post mechanical ventilation (Koukourikos et al., 2020)

Significance to Nursing

- ANA Code of Ethics (ANA, 2015)
- Beneficence
 - Provision 2 – commitment to the patient
 - Provision 3 – call for advocacy
 - Provision 7 – participation in research, development of professional standards

Evidence-Based Practice



Adapted from Negro et al. (2018)

Acknowledgement

Julia Jones, SN, Clinical Partner

Perceived Barriers & Limitations

- Hemodynamic stability
- Shortage of staff
- Inadequate analgesia
- Lack of training
- Lack of patient-lift devices, safety equipment (Bilodeau et al., 2018)

Implications for Clinical Practice

- Explore unit opinions of early mobilization (Curtis et al., 2017)
- Assess materials and resources needed
- Meet with interdisciplinary team
- Establish unit-specific safety checklist
- Develop educational program and appropriate training

Conclusion

Early mobilization (EM) can greatly improve short- and long-term outcomes of mechanically ventilated ICU patients. A protocol addressing EM will increase the use and efficacy of the ABCDE Bundle.

References

