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# Early Mobilization in the Intensive Care Unit (ICU): A Systematic Review

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Presented in Partial Fulfillment of the Master of Science in Occupational Therapy Degree at Thomas Jefferson University

## Learning Objectives:

*At the conclusion of the session, the learner will be able to:*

1. Explain early mobilization techniques in the Intensive Care Unit (ICU)
2. Identify the role of occupational therapy in the ICU
3. Discuss the implications of early mobilization interventions for adults in the ICU

## Clinical Question:

What are the effects of early mobilization on ADL performance for adults in the ICU?

## Methods:

Searched CINAHL, PubMed and Scopus databases, along with the Journal of Critical Care

- Search terms:
  - P: intensive care unit, ICU, critical care, critical\* ill, medical\* complex, medical\* unstable, medical\* fragile
  - I: early mobili\*, early ambula\*, rehab\*, therap\* , exercis\*, occupational therap\*, OT, bed mobili\*
  - C: none
  - O: ADL function\*, ADL prep\*, ADL, activit\* of daily living, ADL performance, ADL independen\*, functional independen\*, functional task\*, functional, self-care

Critiqued using Evaluation of Quality of an Intervention Study (Law & MacDermid, 2014)

- Records identified through database search (n=550)
- Additional records identified through other sources (n=29)
- Records included in systematic review (n=14)

## Results:

The following primary themes emerged after reviewing the evidence of early mobilization in ICU settings:

- Self-Care Performance (n=10)
  - 4/10 articles demonstrated statistical significance; 9/10 articles demonstrated clinical significance
  - Moderate evidence to support the use of early mobilization to improve self-care performance
- Length of Stay (n=7)
  - 1/7 articles demonstrated statistical significance; 4/7 articles demonstrated clinical significance
  - Limited evidence to support the use of early mobilization to decrease length of stay
- Location of Discharge (n=5)
  - 3/5 articles demonstrated clinical significance
  - Limited evidence to support the use of early mobilization to improve location of discharge
- Functional Mobility (n=8)
  - 3/8 articles demonstrated statistical significance; 8/8 articles demonstrated clinical significance
  - Moderate evidence to support the use of early mobilization to improve functional mobility

Secondary themes include:

- Implementation of a Progressive Intervention (n=5)
  - Progressive early mobilization protocol: intensity of mobilization increased as patient functioning increased
  - Mobilization included: AROM, bed mobility, transfers, ambulation
- Safety and Feasibility (n=5)
  - 5/5 articles demonstrated that early mobilization is both safe and feasible in the ICU

## References (\* denotes articles included in the systematic review)

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