Physical Medicine-2013
OMICS Group Conferences
Accelerating Scientific Discovery
International Conference and Exhibition on
Physical Medicine & Rehabilitation
August 19-21, 2013 Embassy Suites Las Vegas, USA

Early mobilization of the icu patient: A nurse driven protocol

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Abstract

Patients in the Intensive Care Unit (ICU) are at high risk for many immobility related complications such as Deep Vein Thrombosis (DVT), Ventilator Associated Pneumonia (VAP), and pressure ulcers. Early mobilization in this population is the most effective way to decrease complications.

In the ICU, we have developed a Progressive Mobility Protocol to ensure that our patients receive mobility interventions early in their admission. We have encouraged staff to take ownership of the project by engaging them in the mobilization decision making process. We have worked with our physicians to limit bed rest orders to patients with legitimate contraindications to progressive mobilization.

The Progressive Mobility Protocol is initiated based on patient's status and level of deconditioning. Mobility progresses from elevating the head of the bed to 45 degrees to walking independently, in 7 steps Progressive mobilization occurs 2- 3 times per day unless patient meets exclusion criteria.

One VAP can cost a hospital $25,072, or more if you factor in complications related to the infection. 22 patients acquired VAP during their stay in our unit in Fiscal Year (FY) 2010 alone. This means 6.08 diagnosed cases of VAP per 1000 ventilator days; the national benchmark is 3.30.

To measure the effectiveness of the protocol we evaluated ventilator days and VAP rates before and after initiation of project and reported data gathered. In FY 2011, post implementation, we had 5 diagnosed cases of VAP and 4 in FY 2012. Currently, in FY 2013, we only have 1 diagnosed case of VAP.

Biography

Aimee L. Skrtich is working towards her Master's Degree in Nursing Administration at the University Of Pittsburgh School Of Nursing at the age of 32. She is the Unit Director of the Medical ICU at UPMC Mercy Hospital, a Level 1 Trauma Center in Pittsburgh, PA. She has presented both locally and nationally at 4 conferences.