

La mobilizzazione precoce e progressiva

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clear descriptions of what actually constitutes mobilisation are lacking in nursing literature. Further, there is incongruence about when it should be used, who should perform it, and to what extent it should be applied.

Intensive and Critical Care Nursing (2012) 28, 73–81

Early mobilization includes activities such as sitting, standing and ambulation, as well as passive exercises, like range of motion exercises and ergometry

Journal of Intensive Care 2016;4:50

Concept analysis revealed that mobilisation is defined differently by nurses and physical therapists and with varying activities applied without articulation of quantity, intensity, duration and frequency. Timing of when mobilisation should be initiated is also unclear.

Intensive and Critical Care Nursing (2012) 28, 73–81

EM is the intensification and early application of the physical therapy that is administered to critically ill patients. EM may also include additional specific mobilization-enhancing interventions such as active mobilization of patients requiring mechanical ventilation and the use of novel techniques such as cycle ergometry and transcutaneous electrical muscle stimulation.

Hodgson et al. Critical Care 2013

Morris et al. and McWilliams et al. demonstrated reduced ICU LOS in response to earlier mobilisation, defined as sitting out of bed in a chair.

Australian Critical Care (2016)

Cos'è?

Times matter...



Despite reports on the effectiveness of early mobilisation in medical ICU patients,^{30,38,39} early mobilisation during the first 3 days after admission to an ICU⁴⁰ is not typically implemented in surgical patients.^{12,13}

Lancet 2016; 388: 1377-88

We defined “early” as the interval starting with initial physiologic stabilization and continuing through the ICU stay. This interval is early compared with activity that usually begins after ICU discharge.

Crit Care Med 2007

Our study suggests that early start of mobilisation was the key to success. A randomised controlled trial⁴¹ showed that even intensified physical therapy started a median 8 days after ICU admission was unable to improve overall patient outcomes (physical function, ICU hospital-free days, or discharge disposition).

ICU mobility intervention by physical therapists started after a median 8 days in the ICU did not result in improved functional independence.

The term “early” has yet to be defined, since among the various studies, the onset of interventions may vary by as much as 1 week. Mobilization in the intensive care unit (ICU) is generally considered early.

However, the concept of ‘early’ rehab refers to a point in the patients’ illness progression rather than a measure of a specific number of days.

Australian Critical Care (2016)

within the first 2 to 5 days of critical illness

Hodgson et al. Critical Care 2013

SCREENING DI SICUREZZA

IL PAZIENTE DEVE SODDISFARE TUTTI I SEGUENTI CRITERI: STABILITA' EMODINAMICA

- No segni di ischemia miocardica nelle ultime 24 h
- No aritmie in trattamento farmacologico nelle ultime 24 h

ADEGUATA OSSIGENAZIONE

- $FiO_2 \leq 0,65$
- $PEEP < 12$ cm H₂O

VASOPRESSORI

- No aumento di qualsiasi vasopressore nelle ultime 2 ore

RISPOSTA ALLO STIMOLO VERBALE

- Il paziente risponde allo stimolo verbale

A priori we selected three criteria for initiation of activity including neurologic criteria, respiratory criteria, and circulatory criteria. The neurologic criterion to begin activity was patient response to verbal stimulation. Activity was not started in comatose patients. The respiratory criteria to start activity were $FiO_2 \leq 0.6$ and positive end-expiratory pressure 10 cm H₂O. The circulatory criteria to start activity were the absence of orthostatic hypotension and catecholamine drips.

Crit Care Med 2007

Safety criteria, not absolute contraindications

Expert consensus and recommendations on safety criteria for active mobilization of mechanically ventilated critically ill adults

Critical Care 2014,

Criterio contraindicazione		Non riscuote	Non riscuote
Stato generale			
Stato generale adeguato o tempo per la gestione		●	●
Stato generale adeguato o tempo per la gestione		●	●
Stato respiratorio			
Stato respiratorio adeguato o tempo per la gestione		●	●
Stato respiratorio adeguato o tempo per la gestione		●	●
Stato circolatorio			
Stato circolatorio adeguato o tempo per la gestione		●	●
Stato circolatorio adeguato o tempo per la gestione		●	●
Stato neurologico			
Stato neurologico adeguato o tempo per la gestione		●	●
Stato neurologico adeguato o tempo per la gestione		●	●

Si ma ...perché?!?!?!?

Long term outcomes of ICU survivors

ESTABLISHED IN 1812

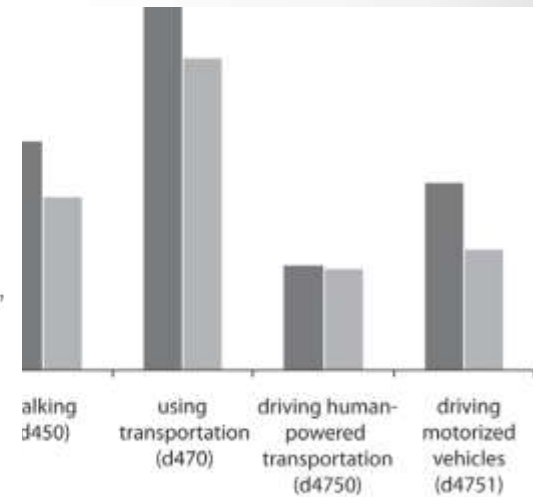
APRIL 7, 2011

VOL. 364 NO. 14

Functional Disability 5 Years after Acute Respiratory Distress Syndrome

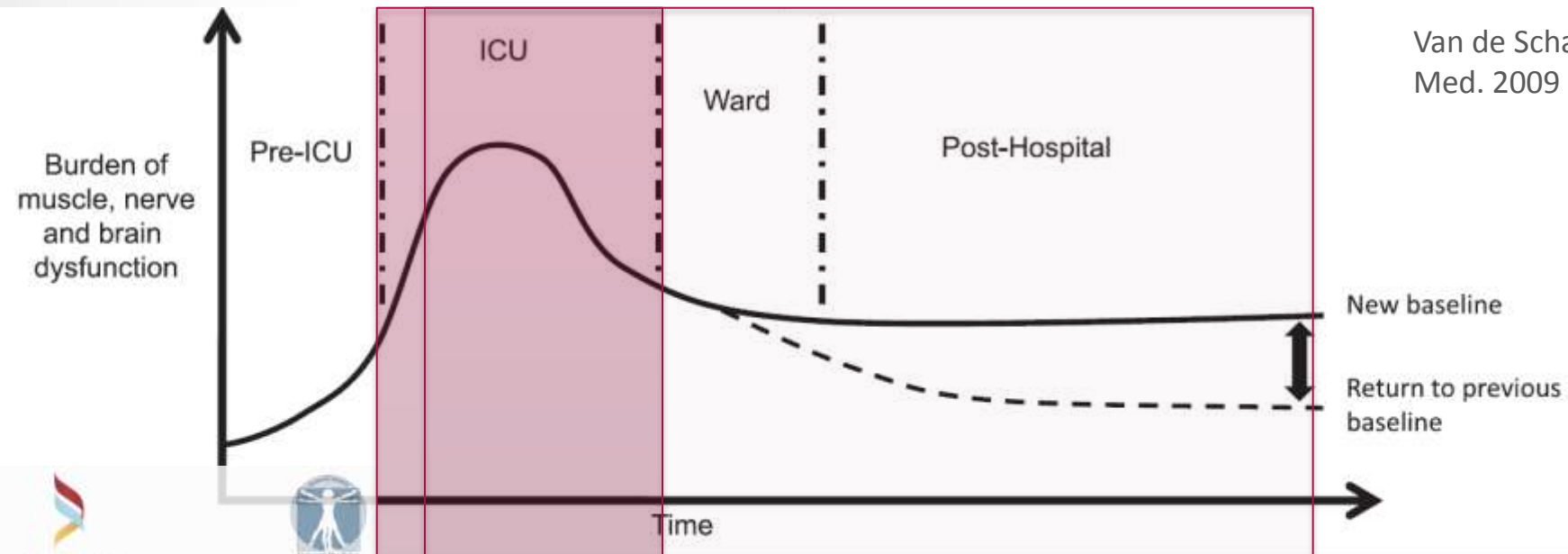
Return to work: -49% at one year; 77% at 5 years

Arthur S. Slutsky, M.D., and Angela M. Cheung, M.D., Ph.D.,
for the Canadian Critical Care Trials Group



son, Ph.D.,
M.D.,

Van de Schaaf. J Rehab
Med. 2009



Early and PROGRESSIVE mob



*Per i Primi 3 livelli, i passaggi da un livello all' altro, se tollerati, avvengono anche nello stesso giorno.
Per i livelli 4-5-6, se tollerati i passaggi avvengono ogni 24 ore*

Svegliati, respira e muoviti!

Se tollerato

Se tollerato

Se tollerato

Se tollerato

Se tollerato



Cammina!!					
Out of bed 2 volte al giorno					
Poltronone 2 volte al giorno					
Letto a poltrona x 30 min almeno 1 volta/turno					
Letto 60°x 30 min Almeno 1 volta/turno					
Letto 30°- 45° + Lateralizza almeno una volta a turno	Letto 30°- 45° + Lateralizza almeno una volta a turno	Letto 30°- 45° + Lateralizza almeno una volta a turno	Letto 30°- 45° + Lateralizza almeno una volta a turno	Letto 30°- 45° + Lateralizza almeno una volta a turno	Letto 30°- 45° + Lateralizza almeno una volta a turno
Livello 1	Livello 2	Livello 3	Livello 4	Livello 5	Livello 6

Per ogni cambiamento posturale/attività attendere 5-10 min prima di determinare la tolleranza del pz
Se il pz non tollera il livello attuale, torna al livello precedente e ritenta dopo 24 ore



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An Environmental Scan for Early Mobilization Practices in U.S. ICUs

34% of ICUs reported having a dedicated physical/occupational therapy (PT/OT) team for the ICU.

Barriers to EM

Barriers to EM were commonly cited and generally were concerns regarding safety, feasibility, financial support, and staffing .

Critical Care Medicine 2016

No fkt, No Party?



Early Mobilization of Mechanically Ventilated Patients: A 1-Day Point-Prevalence Study in Germany* Overall, only 24% of patients were mobilized out of bed during the 24-hour study period, with 55% having a mobilization level no greater than turning in bed and only 4% standing, marching, or walk-

No fkt, No Party?



No fkt, No Party?



Intensive care unit mobility practices in Australia and New Zealand: a point prevalence study

Physiotherapists in Australia and New Zealand are part of the multidisciplinary team.

However, only 18% of all patients in the ICU walked and, for those staying in the ICU for >48 hours, this decreased to 13%.

In our study, using our safety criteria, 15% more patients could have sat out of bed and 36% more could have walked.



T-tube 0.4

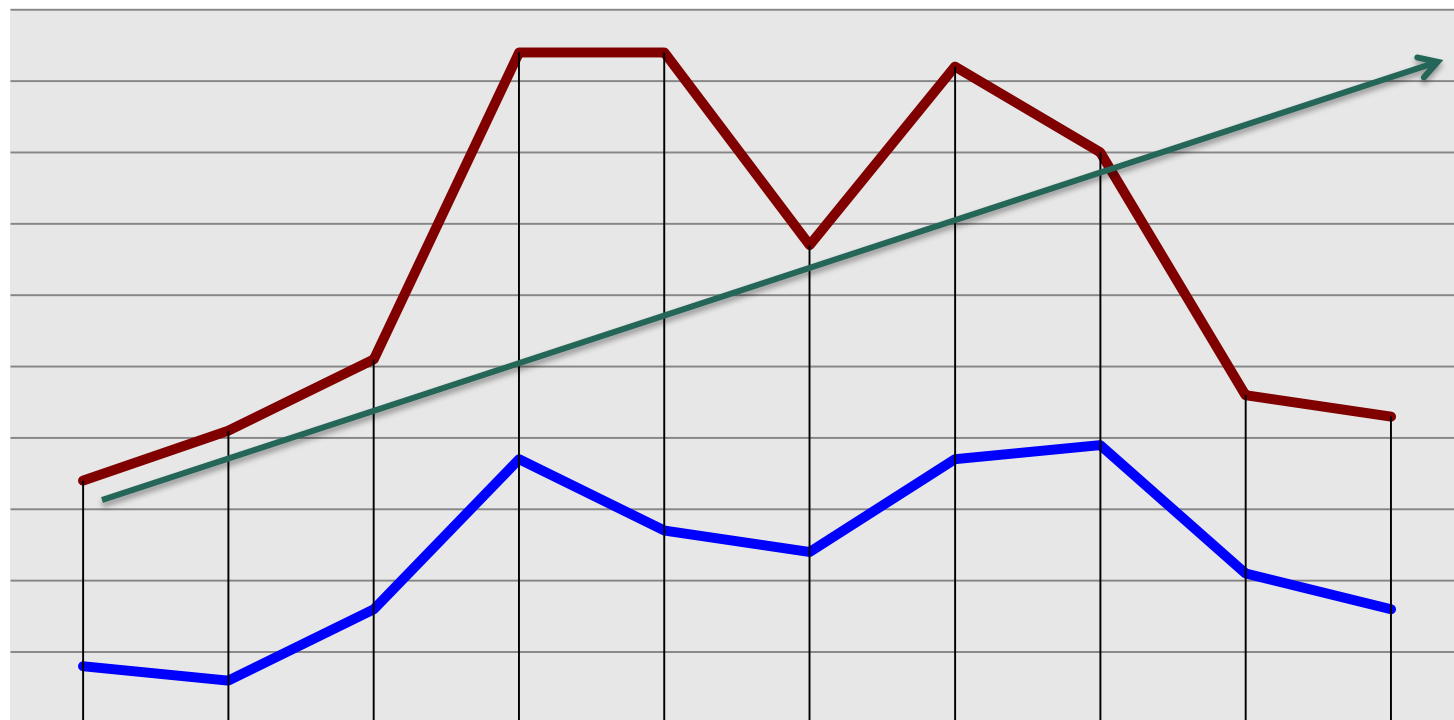
Come ci organizziamo? Cosa e chi ci serve?



Sicurezza!

1. Scegli il momento giusto per il paziente e per l'èquipe
2. Per deambulare 2 infermieri e un OSS o un parente
3. Minimo monitoraggio x la sicurezza
4. Act as a team and smile!

mobilitazioni attive



— 2016
— 2015

	gennaio	febbraio	marzo	aprile	maggio	giugno	luglio	agosto	settembre	ottobre
2016	26	35	35	57	67	43	55	41	25	27
2015	8	6	16	37	27	24	37	39	21	16

Confronto del numero di
mobilitazioni attive
mensili
2015-2016

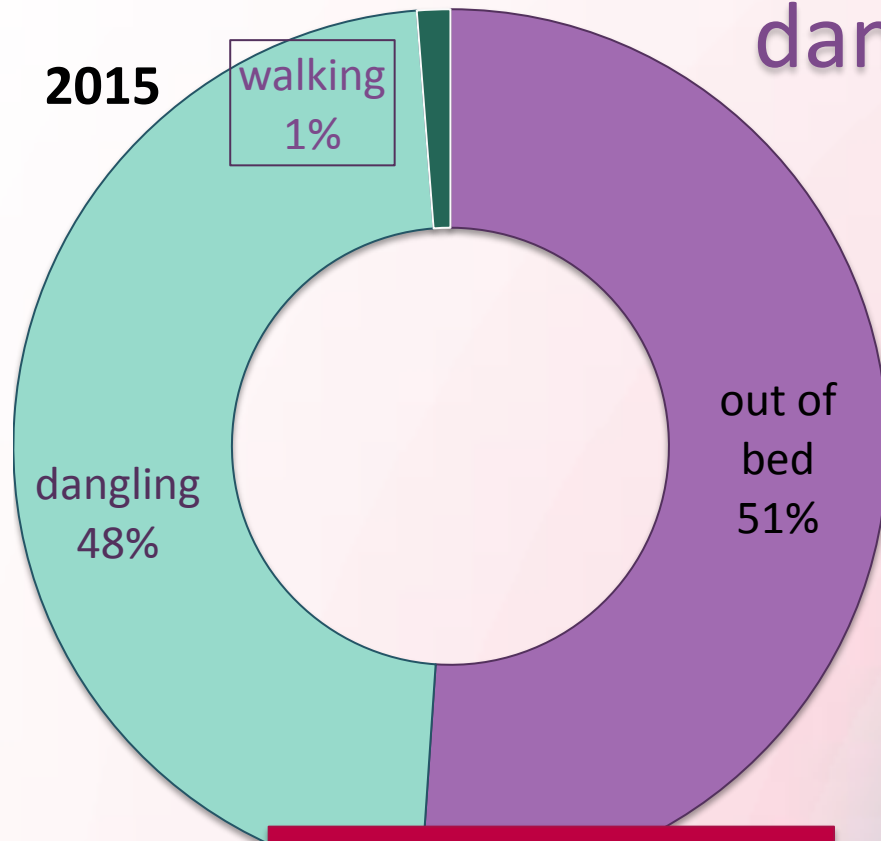


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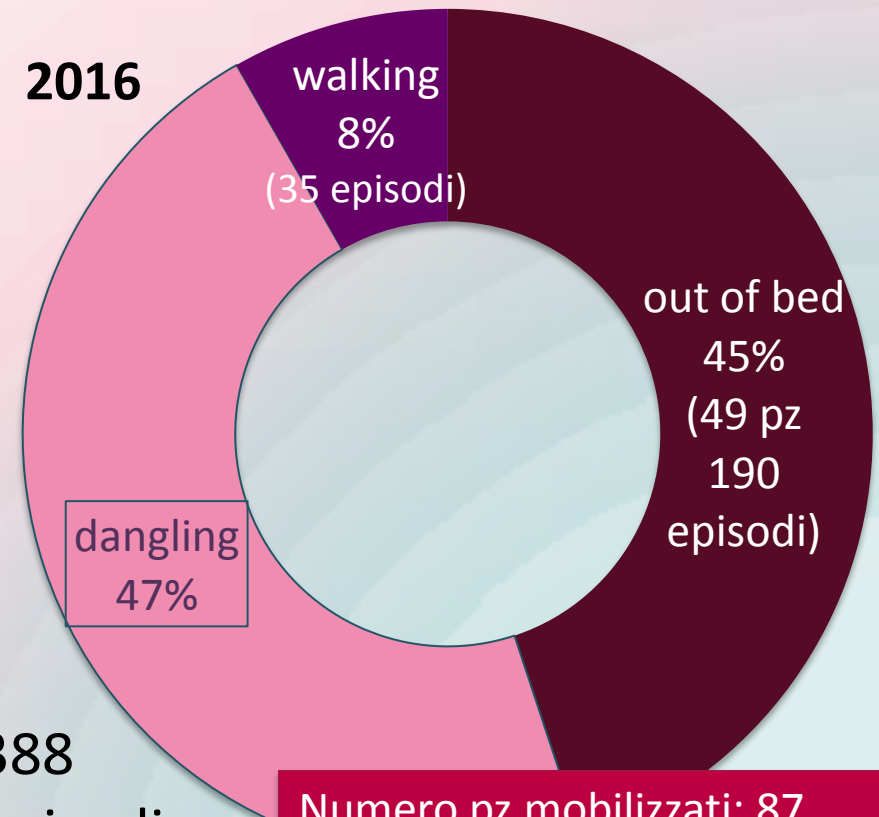
Episodi di mobilitazione attiva: dangling, out of bed, walking



**321
episodi**

**Numero pz mobilizzati: 80
(29,6% degli intensivi)**

**Giornata di ICU alla prima
mobilizzazione attiva: 6,98**



**388
episodi**

**Numero pz mobilizzati: 87
(38,6% degli intensivi)**

**Giornata di ICU alla prima
mobilizzazione attiva: 6,77**

Out of bed!



OUT OF BED
in VAM
13 pz
42 episodi

2016

Episodi OUT of bed: 190
Pz out of bed: 49
Episodi di walking: 35,
solo 6 in VAM,
PZ walking: 8

2015

Episodi out of bed: 166
Pz out of bed: 52

Episodi di walking: 4, in VAM 2
PZ walking: 3, in VAM 1

OUT OF BED
in VAM
8 pz
40 episodi



Key messages

Quotidianamente valuta ogni paziente per la
mobilizzazione!

Stimola e sostieni il team!

Non farti scoraggiare dalla poca tolleranza di qualche
paziente.

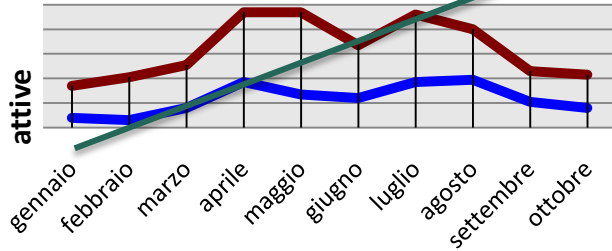
Sii creativo e positivo!

Monitora la tua attività.

What's next?



mobilizzazioni
attive



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