Utilizing a Standardized Early Mobility Guideline in the Pediatric Intensive Care Unit

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Background
- Early mobilization clinical benefits include decreased hospital-acquired conditions, decreased length of stay, decreased incidence of delirium, and increased functional outcomes (Wieczorek, Burke, Al-Harbi, & Kudchadkar, 2015).
- Early mobility practices are not standardized in pediatric intensive care units (PICUs) across the country.
- Without standardization of mobility protocols for pediatric patients, critically ill children are at higher risk for preventable complications from their ICU stay.

Purpose and Aims
- The purpose of this project is to implement a pediatric specific mobility guideline, and educate staff on the guideline, in the pediatric ICU at an urban, tertiary, academic medical center.
- Project Aims:
  1. Increase in nursing-led mobilization of patients.
  2. Increase in nurses’ knowledge, attitudes, and beliefs about mobilizing patients.

Methods
- **Design:** Pre – post QI project.
- **Intervention:** Age-based mobility screening and action tool.
- **Implementation:** 6 weeks.
- **Data Collection:**
  - Nursing survey measuring knowledge, attitudes, and behaviors related to mobility.
  - Chart auditing for mobilizations.
  - Comparison data from one year prior to post implementation.

Results
- **Demographics of Comparison group and Post-implementation group most similar**.
- **Mean mobilizations/day (SD)**
  - Comparison: 10.4 (2.0)
  - Post-implementation: 10.1 (2.5)
- **Mean active mobilizations/day (SD)**
  - Comparison: 1.26 (3.2)
  - Post-implementation: 0.88 (2.4)

**Results (cont.)**
- **Significant increase in mean overall survey summary scores from pre to post (32.11 and 39.95, respectively)**.
- **p < 0.005**

**Dissemination and Conclusion**
- Standardized guideline improved staff reported knowledge and actions related to mobility.
- Provides framework for consistent mobilization practices.
- Dissemination to unit based safety committee and Nursing Practice Council for approval of integration into electronic charting system.
- Sustainable practice through inclusion in nurse rounding script and restructuring mobility goals during rounds.

**Results (cont.)**
- **Mean of Mobilizations/day by Diagnosis Category**
- **Mean of Active Mobilizations/day by Diagnosis Category**

**Dissemination and Conclusion**
- Significant improvement in responses of seven out of ten survey questions (p < 0.05).