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## Let's move it: Progressive mobility in the cardiac intensive and acute care environment

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A nurse-driven progressive mobility protocol was developed and implemented in a thoracic cardiovascular intensive care, coronary intensive care and thoracic cardiovascular acute care unit, evaluating the impact on ventilator associated pneumonia, ventilator days, pressure ulcers, venous thromboembolism, discharge placement, length of stay and the number of patient falls. A multidisciplinary team approach was used to develop progressive mobility guidelines, protocol, education and interventions for 3 different patient care units. Several techniques were used to educate unit staff and implement the protocol. In-services, demos and hands on methods were used for education. In addition, mobility champions, laminated charts, incentives and a physician champion were approaches used for implementation. Research on immobility has found muscle weakness and wasting to be the most prominent complications responsible for disability in patients evaluated after discharge. Up to 60% of discharged critically ill patients may have long-term complications inhibiting them from complete functional recovery. In fact, critically ill patients who are on strict bed-rest have a decline of 1% to 1.5% per day and up to 50% of total muscle mass in 2 weeks. Prolonged immobilization of patients in intensive care contributes to the risk of ventilator associated pneumonia; weaknesses associated with immobility have been associated with deep vein thrombosis, falls, and pressure ulcers. Studies have been published demonstrating that early mobilization contributes to an improvement in patients' quality of life, endurance, and facilitated early weaning from the ventilator. Exercising patients may be challenging, but with a dedicated interprofessional team and protocols, early mobility has been found to be safe.

### Biography

Darla K Topley is a retired Military Nurse. She has travelled the world being involved with many types of health care systems. Presently, she is at an academic health care system that is patient centered and involved in improving the health care. Her nursing expertise is in Critical Care Nursing, where she believes that patient mobility can improve patient outcomes and standard work via a multidisciplinary team approach. Currently, she is a CNS in a Cardiac Thoracic ICU. She has published articles, research papers and presented her work at conferences on patient mobility.

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