

Effect of progressive mobility protocol on the clinical outcomes of mechanically ventilated patients

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Statement of the problem: The use of mechanical ventilation is a vital component of patients care and one of the most commonly used technologies in the ICU. Mechanically ventilated patients are routinely subjected to long periods of immobility, which is often prescribed as a common pathway for a wide range of conditions as severe deconditioning and ICUs acquired weakness.

Aim: To evaluate the effect of progressive mobilization on the clinical outcomes of MVPs.

Methodology and study design: A quasi experimental control and study group design was conducted in this study.

Method: This study was conducted at the Casualty ICU and the General ICU of Alexandria Main University Hospital.

Subject: A convenience sample of 60 adult MVPs of either sex within 24-48 hours after ICU admission were assigned randomly into two equal groups after meeting the inclusion criteria. Results: It was found that (73.3%) of the patients in the study succeeded in weaning trials while (63.3%) of patients in control group had no weaning trials, (66.7%) of patients in the control group acquire ventilator associated pneumonia compared to (30%) of the patients in the study group, (56.7%) of the patients in the study group were extubated from mechanical ventilation compared to (23.3%) in the control group, decubitus ulcers and dependency level were significantly higher in control group rather than study group. Also, a significant difference was found between the control and study groups regarding length of ICU stay.

Conclusion: Early mobilization of MVPs is associated with shorter mechanical ventilation days, early weaning, and decreased occurrence of ventilator associated pneumonia, improved functional ability, decreased occurrence of decubitus ulcer and delirium and shorter ICU stay.

Keywords: Mobility, Mechanical ventilation, Clinical outcomes.

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Biography

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