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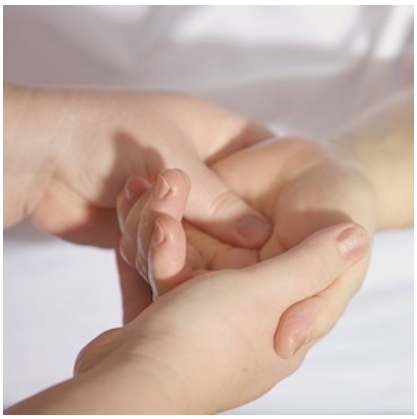
# Implementing Early Mobilisation: Practical Tips



While the evidence for the benefits of early mobilisation in the intensive care unit (ICU) is clear, practical guidance on tools and methods to translate evidence into practice is lacking.

A recently published paper sets out a strategy for safe mobilisation by a multidisciplinary team that includes doctors, nurses, physiotherapists and support staff. It is published in the Journal of Multidisciplinary Healthcare.

Margot Green, from the Physiotherapy Department, Canberra Hospital, Australia, and colleagues describe their experiences of implementing early mobilisation in the intensive care unit (ICU). They outline the practical tools they have developed and equipment used to facilitate early mobilisation and which they have used successfully in their ICU for more than 10 years.

In their ICU they assess patients daily and aim to achieve the highest level of mobilisation possible each day. Target ranges for physiological parameters are agreed for each patient and patients are continuously monitored during mobilisation.

The article includes detailed information and illustrations of passive as well as active mobilisation. Active mobilisation is in two phases. Phase 1 includes sitting balance retraining , strength training including the use of weights or slings, and/or treatment on a tilt table.

*See Also*: Early Mobilisation: How, When and Who

Once patients regain achieve adequate sitting balance and lower limb strength they commence phase 2 mobilisation. This phase includes supported weight-bearing and active weight-bearing. In this phase, the Canberra team has been able to run rehabilitation systems in the balcony of the ICU as well as in the rehabilitation gym.

Green and colleagues provide a mnemonic they use to prepare mobilisation of patients on mechanical ventilation. Plan B covers Preparation, Leader, Airway and emergency equipment, Number of staff and Backup plan.

The strategy they recommend differs from US and UK protocols in that it does not include an initial step of passive range of motion exercises. In addition, they aim to sit patients out of bed for a minimum of 4 hours per day, and they individualise frequency of mobilisation.

Green et al. emphasise that their approach is feasible and safe with a "concerted commitment from the MDT to make early mobilsation the norm, rather than the exception."

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