



Service Priorities and Programmes
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**A New Paradigm of Rehabilitation Programme in Adult Intensive Care Unit-A
Clinical Sharing**

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Introduction

Prolonged sedation and bed rest contribute to the increased risk of delirium, pneumonia, intensive care unit (ICU) acquired weakness and also prolonged hospital length of stay (LOS). The practice of using less sedation and early mobilization in ICU has been the worldwide trend of advancement.

Objectives

To evaluate the impact of Physiotherapist –led early mobilization programme (PT-LEMP) in adult ICU on the mobility status and the hospital LOS. The safety of the programme was also evaluated.

Methodology

PT-LEMP was launched in adult ICU in Queen Mary Hospital in November 2014. Two types of patients were recruited: (1) patients had risks of deconditioning and were admitted into adult ICU for more than 48 hours, and (2) patients were mechanically ventilated for more than 48 hours. Patients were stratified into four categories according to their muscle strength and conscious state and then received individualized treatments accordingly. Pre-discharge mobility status and hospital LOS were recorded.

Result

294 patients were recruited into this programme from November 2014 to April 2015. Patients who were critically ill with invasive life supporting treatments such as on mechanical ventilation, extracorporeal membrane oxygenation system could also be mobilized out of bed without any adverse effect. The average hospital LOS was reduced by 3.3 days in early mobilization group, although it was not statistically significant ($P=0.81$). 66% of patients could return to their pre-morbid status upon

discharge.

The physiotherapist-led early mobilization programme was safe, able to maintain the patients' mobility status and reduced hospital LOS.