



# AACN Community Steps Forward on Early Mobility

Early mobility link to a Raleigh-Durham, N.C., TV news segment triggers lively conversation at [facebook.com/aacnface](https://facebook.com/aacnface).

AACN's community is passionate about excellent nursing practice and improving patient outcomes. Here's a snapshot of the lively Facebook conversation when we linked to a TV news segment featuring Duke Raleigh Hospital's early mobility initiative. The AACN

Clinical Scene Investigator (CSI) Academy project was funded by an AACN grant.

Link to the video from this month's digital edition at [www.aacn.org/boldvoices](http://www.aacn.org/boldvoices), and learn more about AACN CSI Academy at [www.aacn.org/csi](http://www.aacn.org/csi). And post your own comments on our wall at [facebook.com/aacnface](https://facebook.com/aacnface), or send them to [aacnboldvoices@aacn.org](mailto:aacnboldvoices@aacn.org).

**f AACN American Association of Critical-Care Nurses** WRAL-TV in Raleigh-Durham, N.C., aired a story March 14 on Duke Raleigh Hospital's early mobility initiative in its ICU and mentions that it was funded by an AACN grant. The segment ends with the anchor naming other area hospitals involved in AACN CSI Academy, although they don't say "CSI Academy" within the story. Enjoy!

**f Michael Lawrie** With the right patient population this is great. Too often I've seen it done with the wrong folks.

**f Jeanne Winter Fuentes** With adequate and safe staffing I could see this being a wonderful opportunity, but with current staffing trends this could be downright dangerous to do!

**f Patricia L. Ward** Yeah, our ICU patient population are mostly elderly from the nursing home, who weren't exactly zipping around to begin with, or psych patients in restraints. We are routinely tripled with NO aides or lifting teams like rich places get. I would imagine this works with a younger population, like young trauma patients.

**f Judi Kane** Adequate staffing is the key for sure. But hospitals want us to be like alchemists and produce gold out of nothing. They are not willing to walk the walk. All we can do is keep trying.

**f Sara Williamson Kowalewski** We have been doing this in the MICU at Duke for the past couple of years. There is a selection criteria for patients who can actually walk but our PT and OT really help the nurses to push the patients to do as much as possible. It does take a coordinated effort but once staff sees that it can be done it happens more often.

**f Michelle Lee Williams-Mowder** I'm all for getting my patients up in the chair, where it fails is when everyone doesn't buy in and the next day I see my patient in 4 point restraints without having had any progressive ambulation.

**f Trey Murphy** They will expect this with current staffing. There is never too much work for an RN.

**f Paul Punzalan** That is great! I've been doing some research on early mobility on ICU patients and improved outcomes. Some hospitals here in CA are already doing this. These hospitals are very well staffed and have more resources to have these types of programs implemented successfully. It is extremely challenging for smaller hospitals to even attempt such things, unfortunately. Careful planning with the team and focused assessment on appropriate patients are needed for improved outcomes. So yes, in summary: better staffing + resources = improved patient outcomes. I think we all agree on this.

**f Caitlin Starlin** We had a 40-something patient intubated due to influenza complications. He was either thrashing in bed or so sedated that he couldn't pass an SBT. His nurse decided to turn off sedation and get him up to a chair. His p/f ratio rose by over 100 with that simple move. He was comfortable, coherent, and his pulmonary function improved remarkably fast. I am a 100% believer in getting the so-called "bedrest" patient up and early, as long as done safely!

**f Chessica Woody Runyon** Maury Regional Medical Center in Columbia, TN has been doing this for years. We actually presented on it at NTI 4 years ago. It IS multidisciplinary and the results are astounding! Read the research.

**f Liz Molenda** Are these patients off the vent while walking, or are they hooked to a travel vent with an RT who is willing to stay in the unit and run it?

**f Peggy Abbott** He looked like he was on the vent. On the floor I used to work on, SICU/Transplant we would walk our vented patients. You have to coordinate with RT and other staff members but it got done. Teamwork was key.

**f Simone Aller** In the 80s and 90s we did not use drips to sedate our vent patients, our pulmonologist insisted that we get them up to a chair 2-4 times a day! It was a lot of work, and we had bad staffing, but we did it. Those patients did really good.

**f Dana Wynter Gilbert** Patient safety is key, ergo, with adequate staffing anything is possible.

**f Donna Steckel** We did it in the 80s too. Made a marked improvement for them. It's so funny to me that these are NEW. I guess I didn't know how progressive our unit was in Toledo OH.

**f Kelli Arnette** And then when they make us do this with not enough staff and your critically ill patient extubates accidentally whoops guess who they will blame?

**f Christina Juarez** This is nuts!!!! Not enough help, they would def extubate themselves. I have had a few cooperative vent pts but very few. If they are that well prob dont need to be on a vent.

**f Jeff N April Camillo** Christina Juarez that's EXACTLY what I was thinking.

**f Alana Hunter** Our SICU had started the pilot recently. It works!

**f Kevin Keith** I would actually like to witness someone walking down the hall with an ET tube in place.

**f Mahira Kamerasevic Moreira** The pt in the story is 31 y/o, of course he can get up oob. Try getting an 80-something up and about on the vent ... I think not.

**f Lisa Lyn** In the 90s we got all our stable patients out in a chair. Teamwork helped n we did it!! Now we start the protocol with the initial ROM n can progressively get to the chair. Many pts will be strong enough to eventually get extubated n may not actually get to walk on the vent. It's a great idea. I support it and think we need to stop over sedating our pts.



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**f Kimberly Long Detherow** This only works with adequate staffing.

**f Alyssa Tiner** This was done to my husband last May at St. Luke's Regional Medical Center in Meridian Idaho. It was amazing to watch and it truly does help!!!

**f Claudette Butler** It is a good concept but most hospitals don't staff good enough for this. Wonder how many injured staff they are going to have. Lots of pts I have had on vents are too ill and combative with a tube down their throat.

**f Laura Hartman** This is what the Kaisers in Northern California have been doing for 2 years. I'm proud to have been a part of it.


**f Inga Kosoy** If he is strong enough to walk, he is strong enough to be extubated.

**f Soh Zhao Yan** I think I did this topic as an ICU in service topic.

**f Mimi Dao Walker** Victor Joe, I remember talking to you about this. Have you implemented it yet?

**f Tami Creek** See the research from Johns Hopkins! It is amazing!

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