

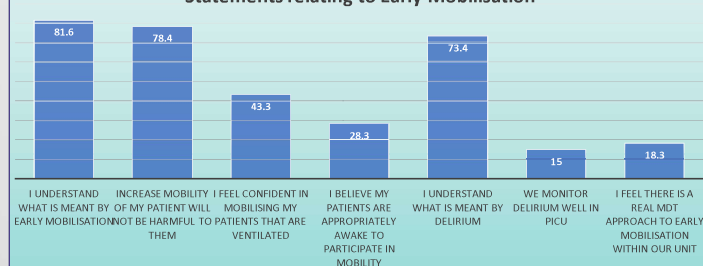
Background/rationale

- PICU acquired morbidities increases while mortality in PICU has significantly reduced.
- Survivors of critical illness with significant morbidities suffer from delayed recovery and reduced quality of life.
- Early mobilisation (48 – 72 hours after admission) and promoted activity during critical illness may improve outcome.

Results/outcomes

Patient Type	Days until first mobilisation pre-implementation (hours)
Intubated and ventilated	5.6 (134.4)
Non-intubated	3.8 (91.2)
Complex Health needs	3.4 (81.6)

Figure 1: Percentage of Staff that Agree/Strongly Agree with Statements relating to Early Mobilisation



Reflection:

- Peer support from other fellows invaluable.
- Staff engagement with the project essential.
- Change takes time and keeping motivation essential.
- Maintain communication with all involved.

Project description

- A staff survey was used to determine staff knowledge, perceived barriers and concerns relating to early mobilisation.
- Audit of current practice over 12 weeks.
- MDT working group developed.
- Parent and family's views sought.
- Guidelines, safety protocols, goal charts, communication aids developed.
- Mobility checklist created.
- Implementation of S.P.A.C.E. Dec 2019.

Conclusions and what next

Parents views of early mobilisation:

"initially the thought of it was scary but it was explained well. Seeing how happy my daughter was when up in a chair and able to see what was going on was amazing."

Staff views:

"able to see improved parent and child interactions through SPACE"

NEXT STEPS:

- Audit practice following implementation.
- Repeat staff survey.
- Present findings at national and international meetings

Start Here	Activity Level	Definition	Inclusion	Examples of Activity
Initial activity screen within 24 hrs of ICU admission	Level 1	-Patient requires full or maximal support from caregivers. -No/low co-operation -In bed activities	-Intubated -FiO2 > 60% or PEEP > 8 (unless LVJ/NO) -NV FiO2 > 60% -Intubated with difficult airway -New tracheostomy (> 7 non ventilated, 7/7 ventilated) -Neuromuscular agents -Inotropic support other than milrinone	-Lights on/blinds up by 8am -Lights dimmed/blinds down by 9pm -HOB > 30 degrees -Normal developmental positioning -PROMs -Regular position changes
Assess for contraindications (see back of page)	Level 2	-Patient requires moderate to significant support with activity but can actively participate to a degree and/or precautions present. -Out of bed activities	-Intubated/trache: FiO2 < 60% or PEEP < 8 (unless LVJ) -NV FiO2 < 60% -NV with no brachis -HFNC 2l per kg -Haemofiltration -Femoral line	-Level 1 activities AND -Cuddles with parents, positive touch -Consider communication -Active/active-assistive -Sit up in bed -Sit on edge of bed -Mat play/normal developmental play activities -Passive transfer to sit in chair (if/when appropriate) -Daily timetable established
Assess for precautions (see back of page)	Level 3	-Patient can actively participate in activity but requires some assistance or supervision -Away from bed activities	-HFNC < 2l flow per kg -Baseline resp support or LV -EVD cleared by neuro -NV/Tracheostomy FiO2 < 60%	-Level 1 + 2 activities AND: -Active bed exercises -Transfer practice, sit to stand -Standing activities -Up to sit in chair, or up to sit in bed if no suitable chair available -Mobility as per trunk control and strength -Broll in buggy/WC where appropriate

