



USER'S VOICE

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Early Mobility in ICU

■ Preventing Complications, and Enhancing Patient Recovery

Many articles from western countries show how early mobilization (EM) will reduce the risk of ICU acquired complications, such as pneumonia, delirium, cognitive impairment, ICU acquired weakness (ICU -AW), bed sores, and so on. EM can not only reduce the risk of these complications, but also enhance patient recovery by reducing the length of “ventilated days”, ICU stays or even hospital stays. I have seen this positive impact on our patients after implementing EM in our hospital. We practice EM on a daily basis in response to the patient’s highest level of mobility, from in-bed mobility (PROM, AROM, Tilting, Sitting Position), to sitting at the edge of the bed, then standing, and finally, walking. We encourage our patients and their families to put effort into mobility as soon and as long as medically possible.



Walking Exercise for Patient with Tracheostomy

■ A Culture of Mobility

We understand the benefits of early mobility for our patients. We collected medical articles explaining the benefits and techniques of EM and discussed them with our SICU staff in a step-by-step manner. During its implementation and development phase, I needed to lead and encourage our staff to mobilize the patient, which requires careful decision making, instruction, and education. Now, our SICU staff knows the importance of EM and is capable of practicing it on a daily basis. Whenever a new staff member joins, he or she will receive hands-on training from other nurses and physiotherapists familiar with EM. The most outstanding point of our SICU is that our nurses understand that EM is a fundamental part of their task, while it is still regarded as the work of only physiotherapists in many other hospitals.



Our SICU team

Implementation of EM Equipment

■ Barriers to Mobilize Patients in Our SICU

Even though we know early and frequent mobilization, as well as the highest level of mobility, are important, there were three main barriers to achieving the level we sought.

- ☑ Lack of Manpower
- ☑ Lack of Equipment
- ☑ Lack of Training Time



■ Appropriate Equipment Removes the Barriers

By using the appropriate equipment for each recovery phase, we were able to remove barriers to mobilization. Sittan and the KA-392 walker help our EM practice.

Sitting on Edge of Bed with Sittan



“Holding patients sitting at the edge of the bed is not a burden anymore. We can do physio/ occupational therapy or have their family communicate with them, while their cognitive level is active, coming from an upright sitting position.”

Walking with KA-392



“Various features of KA-392, such as easy height adjustment, ergonomic design for various patients’ conditions, and smooth maneuvering will enhance both the safety and the joy of walking while reducing the burden on staff.”