



## Barriers to implementing expert safety recommendations for early mobilisation in intensive care unit during mechanical ventilation: A prospective observational study

### Multiple choice questions

- Which of the following statements most accurately reflects the findings of a systematic review by Tipping and colleagues (2017) reported in this paper?
  - active mobilisation and rehabilitation in the ICU patient should only be facilitated by senior physiotherapists
  - active mobilisation and rehabilitation of patients in the ICU has not been found to improve muscle strength, walking ability or days alive out of hospital
  - active mobilisation and rehabilitation should not be undertaken on patients receiving mechanical ventilation in the ICU
  - there is a high risk of adverse events in patients undertaking active mobilisation and rehabilitation in the ICU
  - active mobilisation and rehabilitation in the ICU patient improves muscle strength, walking ability and days alive out of hospital.
- The aim of the study reported in this paper was to:
  - determine in ICU practice whether early mobilisation was feasible in all intubated patients receiving mechanical ventilation
  - determine in ICU practice whether early mobilisation of intubated patients receiving mechanical ventilation by senior physiotherapists led to early hospital discharge
  - determine in ICU practice whether adherence to identified safety consensus recommendations resulted in an increased implementation of early mobilisation and achievement of early mobilisation without adverse events
  - determine in ICU practice whether early mobilisation of non-intubated patients could be achieved safely with no adverse events
  - determine in ICU practice whether early mobilisation and adherence to identified safety consensus recommendations led to early hospital discharge.
- The design of this study was described by the researchers as a:
  - prospective observational study
  - randomised control trial
  - retrospective observational cohort study
  - prospective point prevalence cohort study
  - quasi-experimental design.
- The Human Research Ethics Committee that approved this study required all participants to provide informed consent in accordance with the ethical principle of autonomy.
  - True
  - False.
- An expert consensus group used a traffic light system to provide recommendations to assist clinicians to evaluate the safety of patients for mobilisation. A “Red” light indicates which of the following:
  - there is a significant potential risk or consequence of an adverse event and under no circumstance should the patient have active mobilisation
  - there is a potential risk or consequence of an adverse event, but this is outweighed by the benefits of early active mobilisation
  - active mobilisation precautions or contraindications should be discussed with the clinical team before mobilisation, but should proceed anyway
  - there is a significant potential risk or consequence of an adverse event and active mobilisation should not occur unless specifically authorised by the treating intensive care specialists
  - none of the above.
- Which of the following data was not collected in this study?
  - age, gender
  - marital status and religion
  - admission diagnosis
  - comorbidities (using the Functional Comorbidity Index)
  - hospital length of stay.
- How many physiotherapy-patient interactions during invasive mechanical ventilation (IMV) were captured from the patients recruited to this study?
  - 100
  - 175
  - 200
  - 256
  - 280
- Which of the following are correct findings in relation to early mobilisation and perceived barriers to mobilisation in the whole study cohort?
  - Of the 100 patients enrolled in the study, five mobilised out of bed during IMV, for a total of 4% physiotherapy-patient interactions.
  - The highest mobility achieved during IMV was marching on the spot.
  - No adverse event occurred during active physiotherapy-patient interactions.

- IV. The main physiotherapy-reported barriers for patients who did not mobilise out of bed were agitation and lack of senior physiotherapy staff.
- V. The main physiotherapy-reported barriers for patients who did not mobilise out of bed were sedation, neurological instability and haemodynamic instability.
- VI. Of the total cohort, 19.3% physiotherapy-patient interactions occurred with a noradrenaline dosage greater than 20 mcg/min and these patients were actively mobilised out of bed.
- a) I.; II.; III.;IV.  
 b) I.; II.;III; V.  
 c) I; II.; III.; VI.  
 d) II.; III.; V.; VI.  
 e) III.; IV; V.; VI.
9. How many patients in this study were alive at discharge from hospital?
- a) 13  
 b) 29  
 c) 38  
 d) 80  
 e) 83.
10. What was the main limitation of this study?
- a) the inclusion of a mixed cohort of medical, surgical and trauma patients  
 b) the high acuity of patients who met the inclusion criteria in the quarternary hospital's ICU  
 c) the loss of 17 patients included in the cohort who died during the study  
 d) that it was conducted in a single centre and therefore results may not be indicative of practices in other quarternary ICUs  
 e) the data collection design.

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