Flex Therapist CEUs

ICU - Early Mobilization Factors

Early mobilization of critically ill patients in the intensive care unit: A systematic review and meta-analysis

1. Intensive care unit-acquired weakness is potentially aggravated by long periods of bed rest due to routinely managed sedation and immobility.

A. True
B. False

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2. The most recent Pain, Agitation / Sedation, Delirium, Immobility, and Sleep Disruption guideline suggests that rehabilitation or mobilization can be safely initiated in critically ill adults when all of the following statuses are stable, except:

A. Cardiovascular
B. Respiratory
C. Neurological
D. Immune

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3. Regardless of the different techniques and periods of mobilization used, early mobilization of critically ill patients statistically significantly increased which of the following?

A. The number of people who were able to stand
B. Ventilator-free days after returning home
C. Walking speed at hospital discharge
D. Adverse event rates

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4. Critically ill patients commonly develop severe muscle weakness due to all of the following, except:

A. Hypercatabolism
B. Lowered immunity
C. Deep sedation
D. Immobility

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5. According to the present meta-analysis, early mobilization:

A. Increased the MRC sum score while at the ICU.
B. Increased the MRC sum score at hospital discharge.

C. Decreased the incidence of ICU-AW after hospital discharge.
D. Early mobilization increased the MRC sum score while at the ICU and at hospital discharge and also decreased the incidence of ICU-AW after hospital discharge.

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6. No differences in peripheral muscle strength measured using handgrip force and quadriceps force were observed between groups in the current study.

A. True
B. False

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7. At ICU / hospital discharge, this meta-analysis showed that early mobilization increased the:

A. Walking distance at hospital discharge
B. Physical function score on the ICU test
C. Functional status score on the ICU test
D. Berg Balance Scale scores

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8. This meta-analysis found that early mobilization increased the number of ventilator-free days during hospitalization and the duration of MV.

A. True
B. False

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9. Early mobilization was shown to improve:

A. ICU mortality rates
B. Hospital mortality rates
C. 28-day mortality rates
D. Early mobilization did not improve ICU, hospital, or 28-day mortality rates

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Early Mobilization of Patients in Intensive Care: Organization, Communication and Safety Factors that Influence Translation into Clinical Practice

10. Which of the following is one of the most commonly reported barriers to delivering early mobilization?

A. Staff training
B. Cooperation among the healthcare team
C. Patient safety
D. Time constraints

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11. All of the following were the most frequently reported safety events, except for:

A. Oxygen desaturation
B. Cardiac arrest
C. Hemodynamic changes
D. Removal or dysfunction of intravascular catheters

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12. In considering the decision to mobilize a patient, the primary criteria should be assessed based on:

A. The status of the patient at the time of planned mobilization.
B. The changes in condition in the preceding hours.
C. The direction of trends in the preceding hours.
D. The potential consequences of an adverse event in an individual patient.

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13. A prospective, observational study of mobilization practice in mechanically ventilated patients found the main reported barrier to mobilization was pain.

A. True
B. False

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14. This study suggests that patient-related factors, rather than unit culture, may be the main barrier to early mobilization in ICUs.

A. True
B. False

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15. The proportion of patients that walked in the ICU was almost doubled in the intervention group who received a median duration of _____ early goal-directed mobilization.

A. 10 min/day
B. 20 min/day
C. 30 min/day
D. 60 min/day

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16. In particular, _____ limited the number of early mobilization interventions.

A. Disengaged team members
B. Femoral lines
C. Lack of staffing or availability
D. Sedation management

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17. ICU-based physical rehabilitation did not appear to improve physical outcomes at 6 months compared to standard physical rehabilitation.

A. True
B. False

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18. Active identification of barriers to early mobilization and strategies to avoid issues should be included as part of an early mobilization plan.

A. True
B. False

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19. Keeping time to mobilization and daily amount constant, a secondary analysis showed a _____% improvement in odds of a favorable outcome for stroke patients with each episode of out-of bed activity per day.

A. 4
B. 9
C. 13
D. 22

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20. Increasing the amount of time doing out-of-bed activity increased the odds of a favorable outcome among stroke patients.

A. True
B. False

Clinical attitudes and perceived barriers to early mobilization of critically ill patients in adult intensive care units

21. All of the following have been found to be the main interdisciplinary barriers to the performance of early mobilization, except for:

A. The need of a larger number of professionals
B. Unclear expectations
C. Insufficient working hours
D. The staff's culture regarding mobilization, including a lack of resources, prioritization, and leadership

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22. Most physicians agreed on the early mobilization of patients:

A. Under mechanical ventilation
B. Receiving vasoactive drugs

C. Under mechanical ventilation and/or receiving vasoactive drugs
D. Neither under mechanical ventilation nor receiving vasoactive drugs

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23. The majority of physicians stated that they would agree to change MV parameters and reduce sedation to enable the early mobilization of patients.

A. True
B. False

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24. What was the main barrier to early mobilization mentioned by the participating physicians?

A. Risk of musculoskeletal self-injury
B. Excessive stress at work
C. The unavailability of physical therapists
D. Excessive sedation

Teamwork enables high levels of early mobilization in critically ill patients

25. Critically ill patients run the greatest risk of developing neuromuscular abnormalities.

A. True
B. False

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26. Which of the following is a contraindication for early mobilization?

A. Vasopressor use
B. Endotracheal intubation
C. Life support devices like ECMO
D. Spine or pelvis instable fracture

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27. FiO2 less than 0.60 is considered safe for initiating active mobilization.

A. True
B. False

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28. In order to achieve the optimal number of daily physical therapy activities, the estimated ideal ratio of senior physiotherapists to patients is:

A. 1.0
B. 1.7
C. 2.4
D. 3.1
