

# Loosening Our Grip on Restraints in the Medical Intensive Care Unit

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# Penn State Hershey Medical Center



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# Nursing Team - MICU



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# It All Started with a Spark



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## ✧ DAT involvement

- Understanding of NSI

## ✧ Adult Critical Care Recommendation

- New Buzz in ICU was early mobilization

## ✧ Practice Council Involvement

## ✧ Critical Care Conference in Hershey



# Structure for the Fire



# Our Structure





# Sparking the Flame





## ✧ NDNQI Data –

- Restraint prevalence
- Pressure Ulcer prevalence

## ✧ Literature Search

## ✧ Policy Review

## ✧ Standards Review



# Anticipated Positives

- ✧ Decreased time charting restraints
- ✧ Increased patient satisfaction
- ✧ Increased nursing satisfaction
- ✧ Decreased ventilator days
- ✧ Decreased length of stay
- ✧ Decrease in pressure ulcers



# Fuels for a Fire



# Patient Activity Protocol

Patient Acuity	Activity Stage
Level 1: Hemodynamic instability (continuous or intermittent) unable to actively participate in care	Turn and position (T&P) every (q) 2 hours, Passive Range of Motion (PROM) at least twice per day
Level 2: Hemodynamic stability with ability to participate in care	T & P q 2 hours, able to tolerate dangling and PROM or Active Range of Motion (AROM) at least twice a day
Level 3: Hemodynamic stability and cooperative with care	T & P q 2 hours, able to tolerate being out of bed (OOB) without weight-bearing at least once per day, AROM at least twice per day
Level 4: Hemodynamic stability with active participation in care	OOB with weight-bearing at least twice per day





# Education

## ✧ Engaged the Physical Therapy Department


- Inservices in the unit
  - Proper body mechanics
  - How to assist patients OOB

## ✧ Engaged staff and Education Council

- 1:1 teaching with all staff on the unit



# Audit Tool



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Do not cover black box to the right

**MICU Early Mobilization Study**

Birth Date:   /   /  

Admission Date:   /   /  

Date LOC decreased:   /   /  

Hosp Date Discharged:   /   /


MR #            

Intubation Date:   /   /  

Extubation Date:   /   /

Reason for Admission:

- ☐ Sepsis
- ☐ Resp Failure
- ☐ Hepatic disease
- ☐ GI Bleed
- ☐ Oncology
- ☐ Other:

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Discharge:

- ☐ Home
- ☐ Tertiary Care
- ☐ Long Term
- ☐ Hospice
- ☐ Died

Day	PU	Restraint	Sedation	PROM x2	AROM x2	Dangle	OOB NWB	Ambulate WB	Acuity			
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# Alternatives

- ✧ Mitts
- ✧ Re-orientation
- ✧ Music therapy
- ✧ Family Centered Care



# Fire Extinguishers – Barriers





# Barriers to success

- ✧ Culture
- ✧ Senior nurses
- ✧ Equipment
- ✧ Medical team
  - Sedation
  - Treatment plans
  - Consistency in attendings



# We Have Fire!

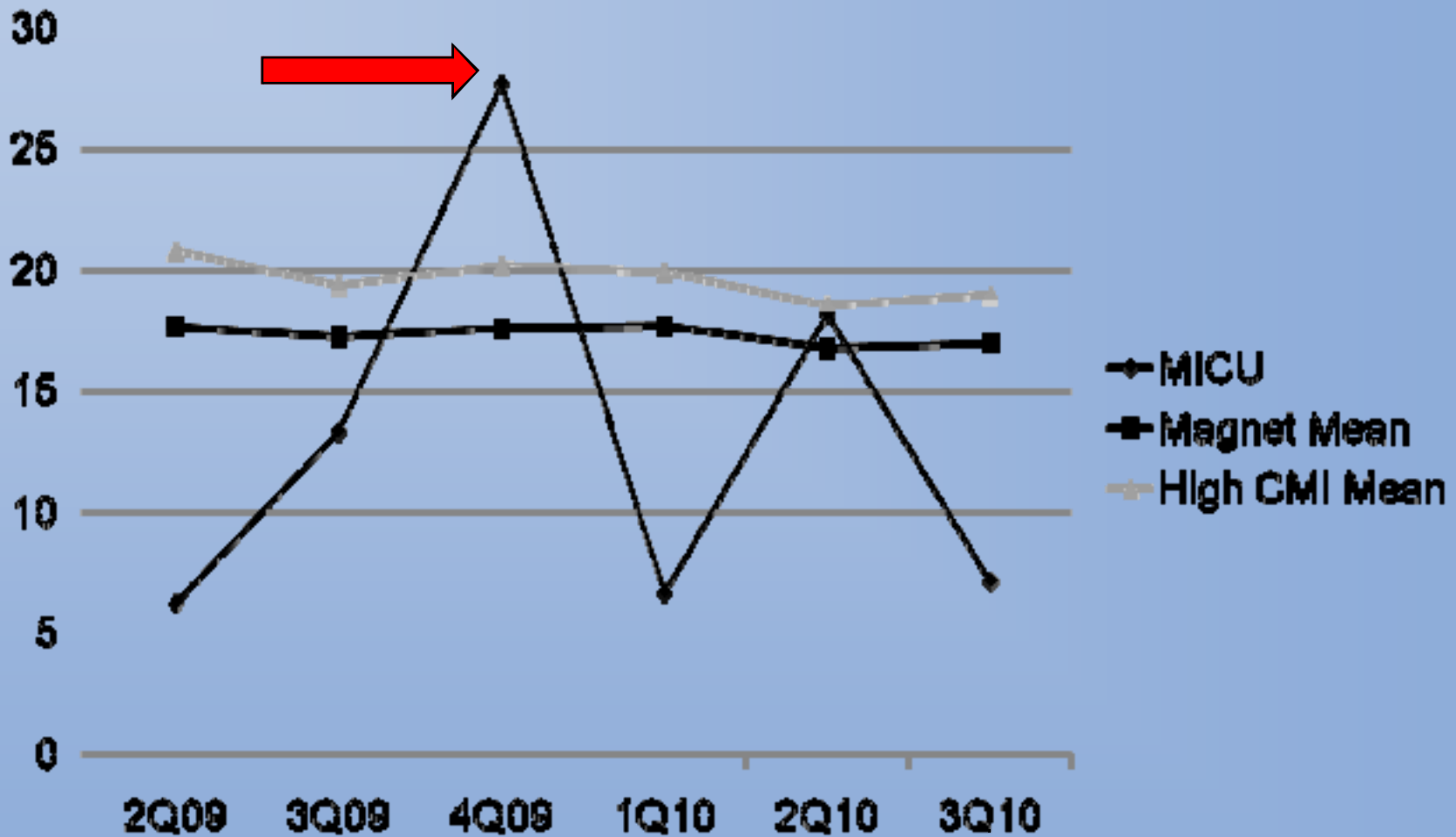


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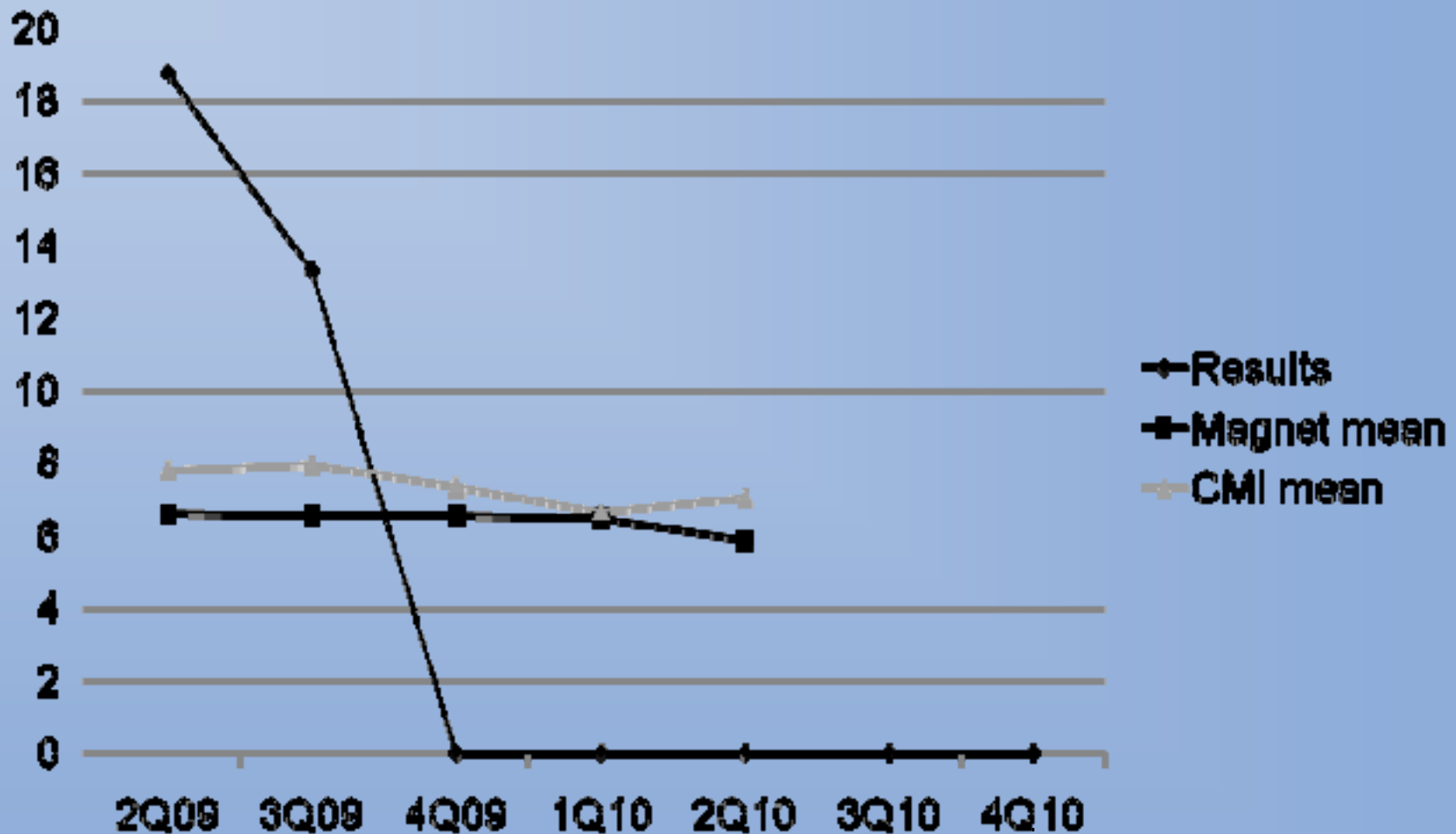
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# Results – restraint prevalence



# Results – Pressure Ulcer Prevalence



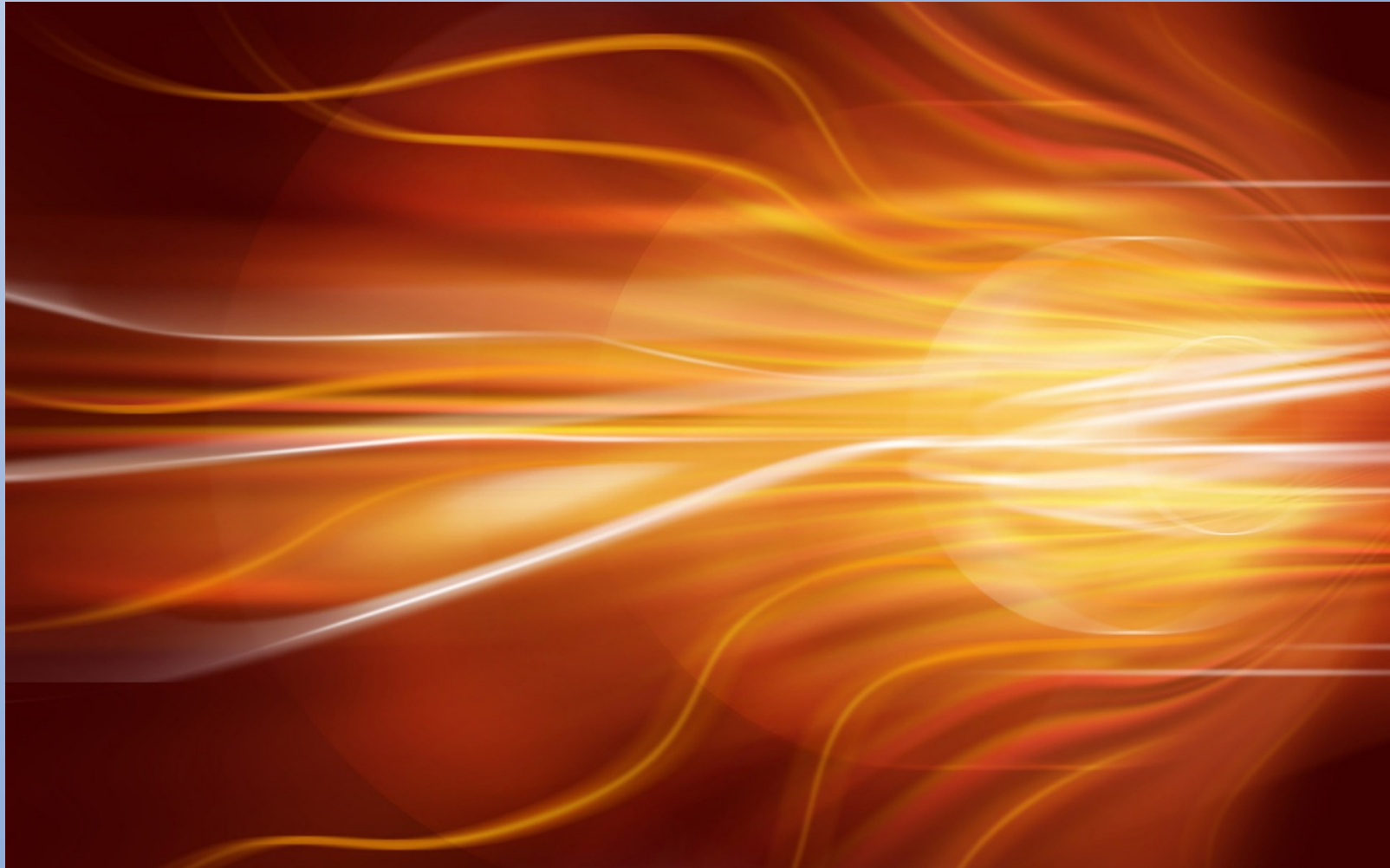


# Changes

- ✧ Empowerment of nursing staff
- ✧ Increased awareness
- ✧ Accountability
- ✧ Family involvement



# Spreading the Fire



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- ✧ Maintaining the change
- ✧ Report out to Adult Critical Care
- ✧ Spread to other units



# References

1. Needham, DM. (2008). Mobilizing patients in the intensive care unit: Improving neuromuscular weakness and physical function. JAMA, 300(14), 1685-1690.
2. Burtin, C, et al. (2009). Early exercise in critically ill patients enhances short-term functional recovery. Critical Care Medicine, 37 (9): 2499-2505.

