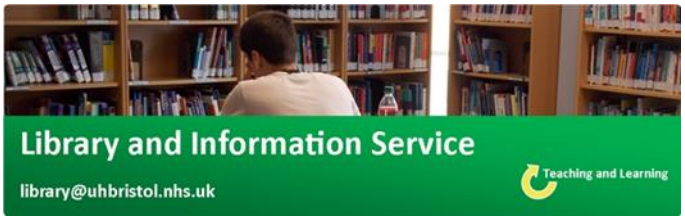
University Hospitals Bristol NHS
NHS Foundation Trust

Rehabilitation in Critical Care

Evidence Update

February 2018
(Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Training Calendar 2018

All sessions are one ***hour***

February (12.00-13.00)

1st (Thu)	Literature Searching
9th (Fri)	Critical Appraisal
12th (Mon)	Statistics
20th (Tue)	Literature Searching
28th (Wed)	Critical Appraisal

March (13.00-14.00)

8th (Thu)	Statistics
12th (Mon)	Literature Searching
20th (Tue)	Critical Appraisal
28th (wed)	Statistics

April (12.00-13.00)

5th (Thu)	Literature Searching
9th (Mon)	Critical Appraisal
17th (Tue)	Statistics
25th (Wed)	Literature Searching

Your Outreach Librarian – Helen Pullen

Whatever your information needs, the library is here to help. Just email us at library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

The Latest Evidence

NICE National Institute for Health and Care Excellence

Rehabilitation after critical illness in adults(QS158) September 2017

Cochrane Library

Can Early Rehabilitation on the General Ward After an Intensive Care Unit Stay Reduce Hospital Length of Stay in Survivors of Critical Illness?: a Randomized Controlled Trial

Source: Cochrane Central Register of Controlled Trials - 01 January 2017 - Publisher: American journal of physical medicine & rehabilitation

received an early rehabilitation program, and the standard-care group received physical therapy as ordered by the primary...

Journal Tables of Contents

The most recent issues of key journals. If you would like any of the papers in full text then please email the library: library@uhbristol.nhs.uk

Critical Care Medicine

February 2018 - Volume 46 - Issue 2

Intensive Care Medicine

January 2018 – Volume 44 – Issue 1

Implementing early physical rehabilitation and mobilisation in the ICU: institutional, clinician, and patient considerations

Selina M. Parry, Peter Nydahl, Dale M. Needham
Online First
What's New in Intensive Care

Measuring physical function after ICU: one step at a time

Carol L. Hodgson, Linda Denehy
Volume 43, Number 12 / December, 2017
Focus Editorial

A tailored multicomponent program to reduce discomfort in critically ill patients: a cluster-randomized controlled trial

Pierre Kalfon, Karine Baumstarck, Philippe Estagnasie, Marie-Agnès Geantot, Audrey Berric, Georges Simon, Bernard Floccard, Thomas Signouret, Mohamed Boucekine, Mélanie Fromentin, Martine Nyunga, Achille Sossou, Marion Venot, René Robert, Arnaud Follin, Juliette Audibert, Anne Renault, Maïté Garrouste-Orgeas, Olivier Collange, Quentin Levrat, Isabelle Villard, Didier Thevenin, Julien Pottecher, Re
Volume 43, Number 12 / December, 2017

Library Clinic

Stop by and find out more about our services. We will be here to answer any questions you may have!

March 7th: **Canteen (Level 9, BRI)** *12.00-14.00*

March 19th: **Welcome Centre, BRI** *10.00-16.00*

April 4th: **Foyer, Education Centre** *12.00-14.00*

April 11th: **Foyer, St Michael's Hospital** *12.00-14.00*

May 2nd: **Canteen (Level 9, BRI)** *12.00-14.00*

June 6th: **Terrace (Level 4, Education Centre)** *12.00-14.00*

June 19th: **Welcome Centre, BRI** *10.00-16.00*

July 3rd: **Welcome Centre, BRI** *10.00-16.00*

July 4th: **Canteen (Level 9, BRI)** *12.00-14.00*

August 8th: **Foyer, Education Centre** *12.00-14.00*

August 29th: **Foyer, St Michael's Hospital** *12.00-14.00*

September 5th: **Canteen (Level 9, BRI)** *12.00-14.00*

September 11th: **Welcome Centre, BRI** *10.00-16.00*

October 3rd: **Terrace (Level 4, Education Centre)** *12.00-14.00*

November 7th: **Canteen (Level 9, BRI)** *12.00-14.00*

December 5th: **Foyer, Education Centre** *12.00-14.00*

December 11th: **Welcome Centre, BRI** *10.00-16.00*

Recent Database Articles

1. The Mobility and Impact of Frailty in the Intensive Care Unit.

Author(s): Joseph, Bellal; Jehan, Faisal S

Source: The Surgical clinics of North America; Dec 2017; vol. 97 (no. 6); p. 1199-1213

Publication Date: Dec 2017

Publication Type(s): Journal Article Review

PubMedID: 29132505

Abstract: Prevalence of pre-existing frailty in patients admitted to the intensive care unit (ICU) is increasing. Critical illness leads to a catabolic state that further diminishes body reserves and contributes to frailty independent of age and prehospital functional status. Because early mobilization of patients in the ICU results in accelerated recovery and improvement in functional status and quality of life, frailty can severely affect the mobility of patients in ICU ultimately prolonging recovery. Understanding the concept of frailty and the association of frailty and its impact on mobility in the ICU, identifying patients, and timely resource allocation helps in optimum care and improves clinical outcomes.

Database: Medline

2. Identifying barriers to early mobilisation among mechanically ventilated patients in a trauma intensive care unit.

Author(s): Johnson, Kari; Petti, Jamie; Olson, Amy; Custer, Tina

Source: Intensive & critical care nursing; Oct 2017; vol. 42 ; p. 51-54

Publication Date: Oct 2017

Publication Type(s): Journal Article

PubMedID: 28743548

Abstract: Mechanically ventilated patients can be at risk for functional decline (Cameron et al., 2015). Early mobilisation of mechanically ventilated patients can improve outcomes after critical illness to prevent this decline. Although registered nurses understand the importance of early mobilisation there are nurses who are unwilling to mobilise patients.AIMThe aim of this study is to examine whether nurses' attitudes and beliefs are barriers for early mobilisation and evaluate whether an education intervention can improve early mobilisation.METHODPre-test, post-test intervention with registered nurses and charge nurses in a 22 bed trauma intensive care setting.PROCEDUREPre-test, post-test survey assessed perceived barriers in knowledge, attitudes, and behaviours followed by targeted education.RESULTSDependent Sample T-test revealed a statistically significant increase in post-test responses for the subscales knowledge, attitudes, and behaviours with early mobilisation. This over-all increase in post-test results support that understanding barriers can improve patient outcomes.CONCLUSIONUse of structured surveys to identify barriers for early mobilisation among nursing can assist in providing targeted education that address nurse's perception. The education intervention appeared to have a positive impact on attitudes but it is unknown if the difference was sustained over time or affected participants practice or patient outcomes.

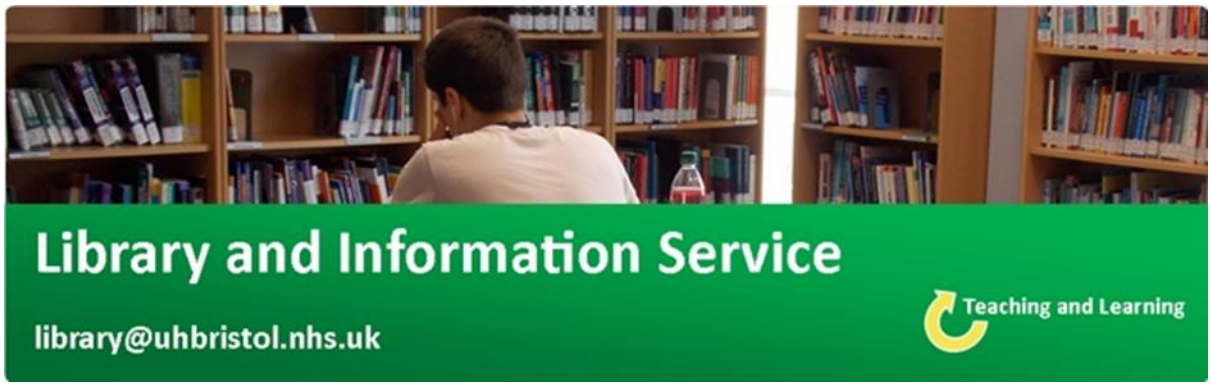
Database: Medline

Can Early Rehabilitation on the General Ward After an Intensive Care Unit Stay Reduce Hospital Length of Stay in Survivors of Critical Illness?: A Randomized Controlled Trial.

Author(s) Gruther, Wolfgang; Pieber, Karin; Steiner, Irene; Hein, Cornelia; Hiesmayr, Jörg Michael et al.

Source American journal of physical medicine & rehabilitation; Sep 2017; vol. 96 (no. 9); p. 607-615

OBJECTIVE the aim of this study was to evaluate if an early rehabilitation program for survivors of critical illness improves functional recovery, reduces length of stay, and reduces hospital costs.DESIGN this was a prospective randomized controlled trial. Fifty-three consecutive survivors of critical illness were included in the study. After discharge from the intensive care unit, the intervention group received an early rehabilitation program, and the standard-care group received physical therapy as ordered by the primary care team. Length of stay at the general ward after transfer from the intensive care unit was recorded. In addition, Early Rehabilitation Barthel Index, visual analog scale for pain, 3-minute walk test, Beck Depression Inventory, State-Trait Anxiety Inventory, and Medical Research Council scale were used. RESULTS In the per-protocol analysis, length of stay at the general ward was a median 14 days (interquartile range [IQR], 12-20 days) in the early rehabilitation and 21 days [IQR, 13-34 days) in the standard-care group. This significant result could not be confirmed by the intention-to-treat analysis (16 days [IQR, 13-23 days] vs. 21 days [IQR, 13-34 days]). Secondary outcomes were similar between the groups. Hospital costs were lower in the intervention group. No adverse effects were detected. CONCLUSIONS An early rehabilitation program in survivors of critical illness led to an earlier discharge from the hospital, improved functional recovery, and was also cost-effective and safe.TO CLAIM CME CREDITS Complete the self-assessment activity and evaluation online at http://www.physiatry.org/JournalCME CME OBJECTIVES: Upon completion of this article, the reader should be able to (1) delineate the benefits of early rehabilitation on a general medicine ward after an intensive care unit stay, (2) recognize the safety of appropriately implemented early rehabilitation, and (3) incorporate early rehabilitation on the general medical ward as applicable. LEVEL Advanced ACCREDITATION: The Association of Academic Physiatrists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Association of Academic Physiatrists designates this Journal-based CME activity for a maximum of 0.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Library Opening Times

Staffed hours: 8am-5pm, Monday to Friday

Swipe-card access: 7am-11pm, seven days a week

Level 5, Education and Research Centre

University Hospitals Bristol

Contact your Outreach Librarian:

Helen Pullen