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SOS!

Conclusions

ICU survivors recovering from respiratory failure requi... cular... body... omus- rowing ational

Conclusions

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Summa...

Mob... tertiary... are limi... of acut... generati... the not... preventa...

This study also demonstrated that increases in haemodynamic parameters tended to be greatest initially when the patient sat over the side of the bed. Mobilisation in this patient population needs to be balanced against any adverse haemodynamic changes. This study demonstrated that mobilisation can be performed safely provided that haemodynamic parameters are monitored continuously for adverse effects.

life for ICU survivors.

deep s... order to change ICU culture to one of more mental and physical animation in this group of high-risk patients.

y, and J data effects data pport ble or

Bourdin 2010, Gerovalisi 2009, Brochart 2009, Hopkins 2007, Brower 2009, Morris 2007, Doherty 2010, Morris 2008, Schweickert 2011, Truong 2009, Zafiropoulos 2004

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- **Faisable**
- **Sécuritaire**
- **Bien toléré**
- **Améliore le devenir des patients**
- **Diminue la durée de ventilation et la durée de séjour**

Bourdin 2010, Gerovalisi 2009, Brochart 2009, Hopkins 2007, Brower 2009, Morris 2007, Doherty 2010, Morris 2008, Schweickert 2011, Truong 2009, Zafiropoulos 2004

Early Mobilization of Mechanically Ventilated Patients: A 1-Day Point-Prevalence Study in Germany*

TABLE 3. Highest Level of Mobilization Achieved on Study Day

Level of Mobilization	Total ($n = 775$) (%)[a]	Airway Type[a]		
		Endotracheal Tube ($n = 401$) (%)[b]	Tracheostomy ($n = 308$) (%)[c]	Noninvasive Ventilation ($n = 66$) (%)
Remaining in bed[d]	590 (76)	370 (92)	189 (61)	31 (47)
No mobilization	81 (11)	61 (15)	18 (6)	2 (3)
Turning in bed	342 (44)	224 (56)	110 (36)	8 (12)
Sitting in bed	167 (22)	85 (21)	61 (20)	21 (32)
Mobilized out of bed[d]	185 (24)	31 (8)	119 (39)	35 (53)
Sitting on edge of bed	73 (9)	22 (6)	41 (13)	10 (15)
Sitting in a chair	76 (10)	8 (2)	52 (17)	16 (24)
Standing out of bed	18 (2)	0 (0)	14 (4)	4 (6)
Marching in place	8 (1)	1 (0)	5 (2)	2 (3)
Walking	10 (1)	0 (0)	7 (2)	3 (4)

Nydahl, P., et al. (2014). "Early mobilization of mechanically ventilated patients: a 1-day point-prevalence study in Germany." Crit Care Med **42**(5): 1178-1186.

Why the Reluctance to Meaningfully Mobilize Ventilated Patients? "The Answer My Friend Is Blowin' in the Wind"*

Yes, how many times can a man turn his head, pretending he just doesn't see? …
Yes, how many deaths will it take till he knows, that too many people have died?
The answer my friend is blowin' in the wind. The answer is blowin' in the wind

The overall message of this current report from Nydahl et al (1) should fill us with the same frustrations. We need to ask the rhetorical question: "How many articles must be published first, before we stop doing harm?"

Clemmer, T. P. (2014). "Why the Reluctance to Meaningfully Mobilize Ventilated Patients? "The Answer My Friend Is Blowin' in the Wind"*." Crit Care Med **42**(5): 1308-1309.


We Need You!
For Our Mod A Great Gathering

Protocole de mobilisation précoce

CE. Hickmann, M. Patri, J. Roeseler, E. Bialais, J. Dugernier, P-F Laterre.
Service des Soins Intensifs, UCL Cliniques Universitaires Saint Luc, Bruxelles 2014

Admission aux Soins Intensifs

RASS > +1 → Ajuster sédation

Niveau 0	Niveau 1	Niveau 2	Niveau 3	Niveau 4
Inconscient		Réveillé		
RASS -5/-2 Glasgow ≤ 8		RASS -1/+1 Glasgow >8		

Force musculaire: ≤ M2 — M3 — ≥ M4

Mobilisation passive / active-aidée / active
Étirements musculo-tendineux

Passive → Active

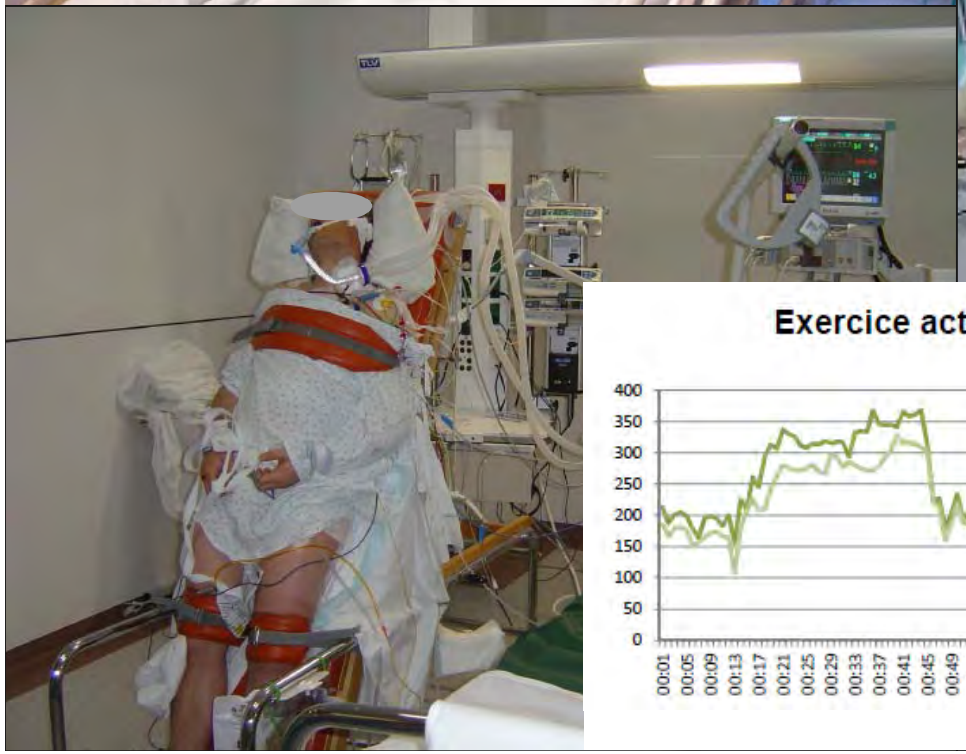
- Transfert passif au fauteuil
- Transfert actif au fauteuil
- Cycloergomètre lit / fauteuil (jambes/bras)
- Verticalisation
- Exercices pré-ambulatoires
- Presse Membres Inferieurs
- Marche avec assistance

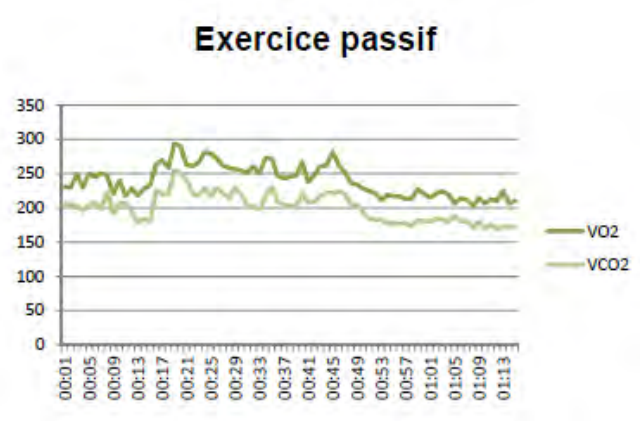
Sortie de Soins Intensifs

Contrindications de la mobilisation.

Infarctus aigu du myocarde (ECG)
Saignement actif
Pression intracrânienne avec instabilité majeure
Fracture instable (colonne ou bassin)
Limitation thérapeutique

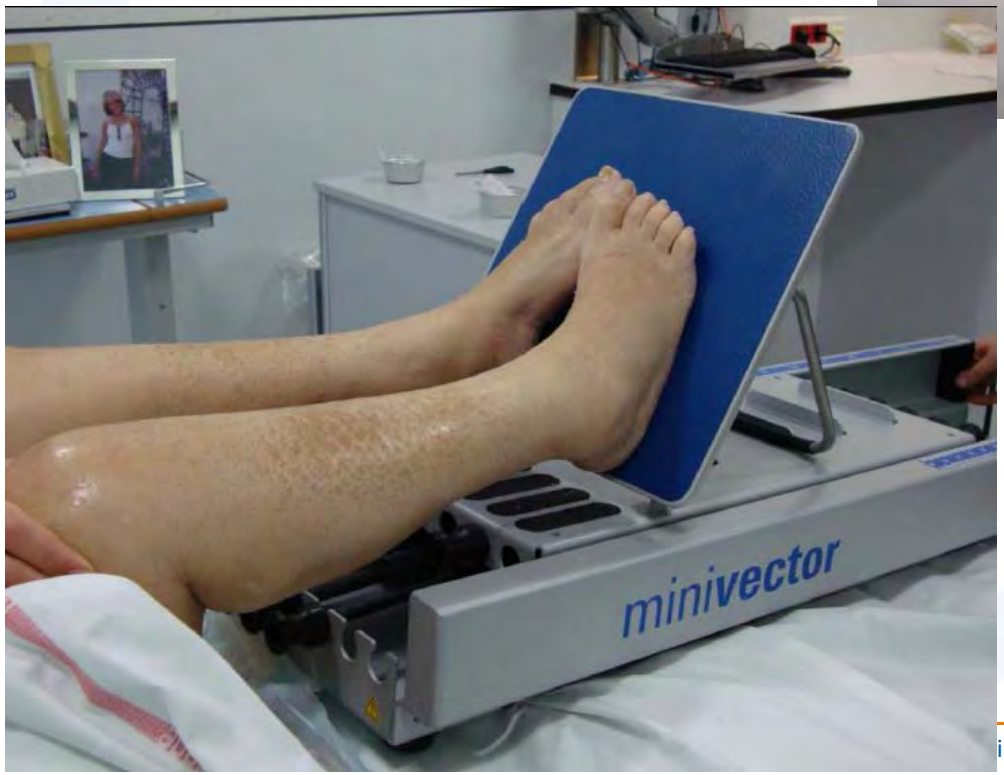
Force musculaire:
M0 : Aucune contraction musculaire
M1 : Contraction musculaire visible, sans mouvement
M2 : Mouvement insuffisant pour vaincre la gravité
M3 : Mouvement contre gravité
M4 : Mouvement contre gravite et contre résistance
M5 : Force musculaire normale





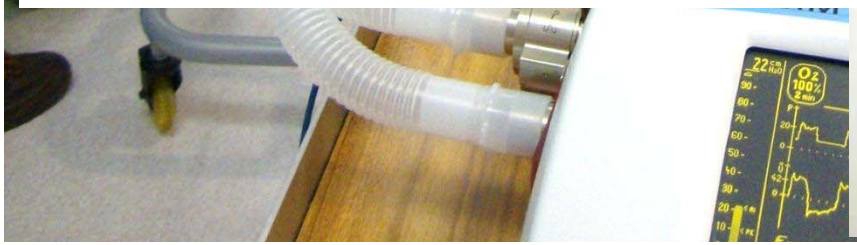
C. Hickman et al. Intensive Care Medicine, 2014

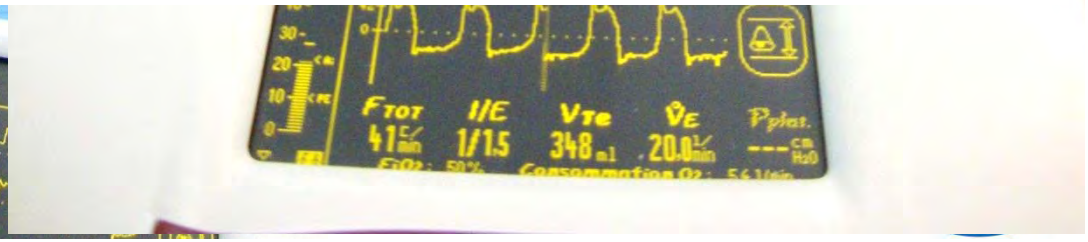
Cliniques universitaires Saint-Luc – Emilie Bialais

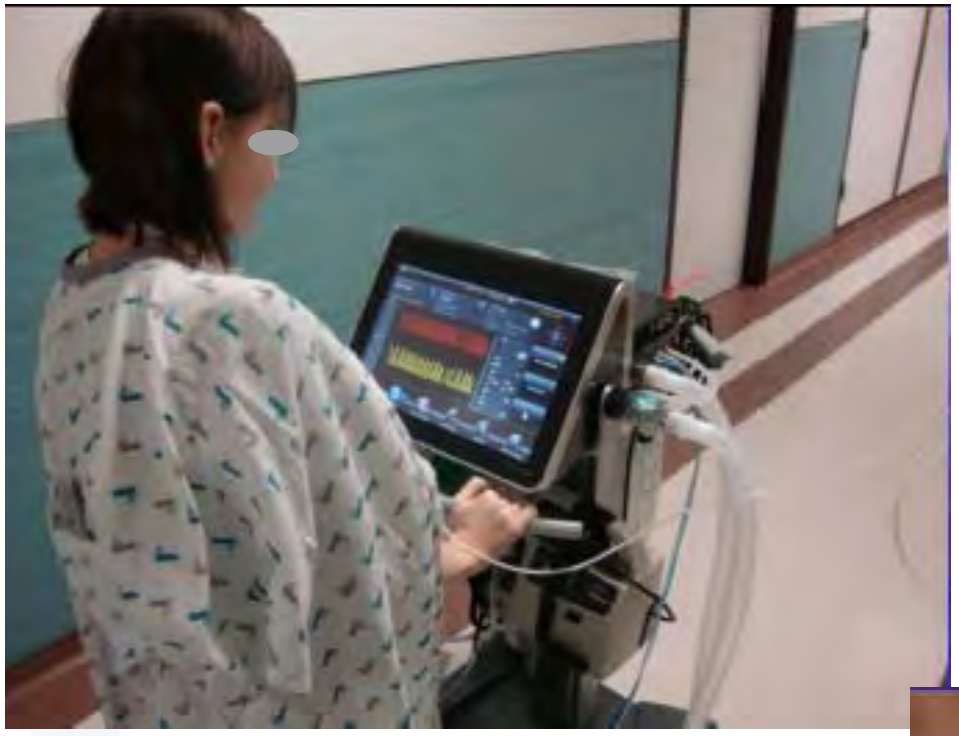

minivector

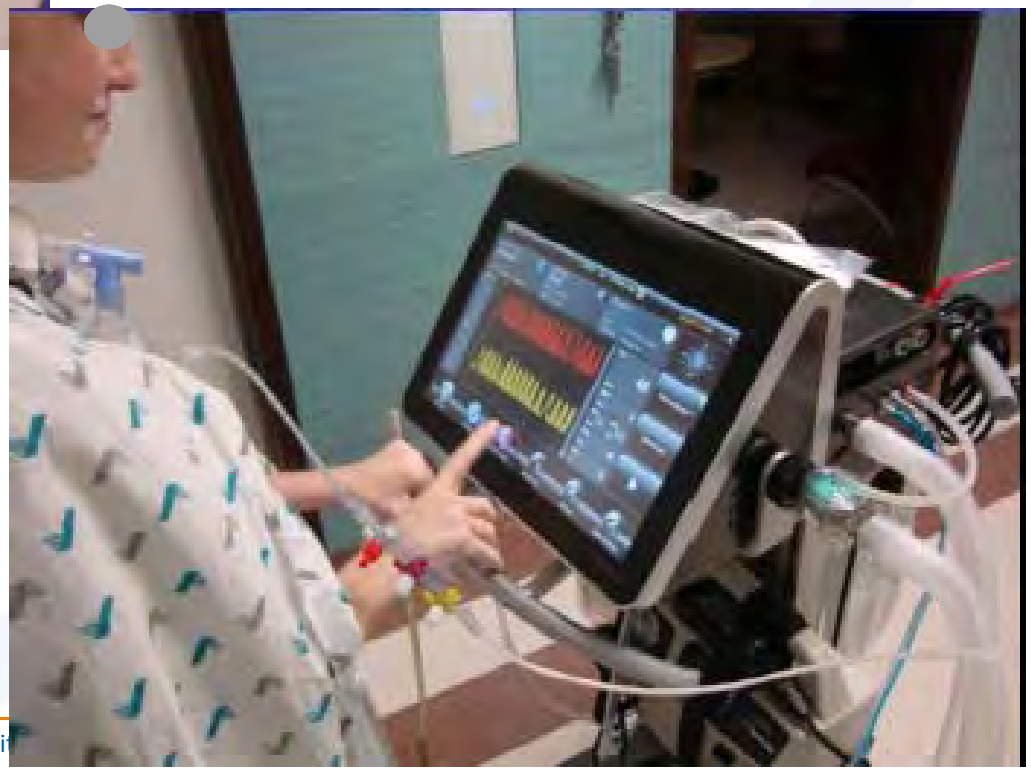
71% des médecins sont OK de changer les réglages du respirateur pour la mobilisation précoce des patients sous VM (Jolley, S. E., et al. (2014). "Medical intensive care unit clinician attitudes and perceived barriers towards early mobilization of critically ill patients: a cross-sectional survey study." BMC Anesthesiol **14**: 84.)

Il est indispensable que le thérapeute en charge de la mobilisation, qui accompagne le patient dans sa déambulation soit capable de faire les ajustements nécessaires.

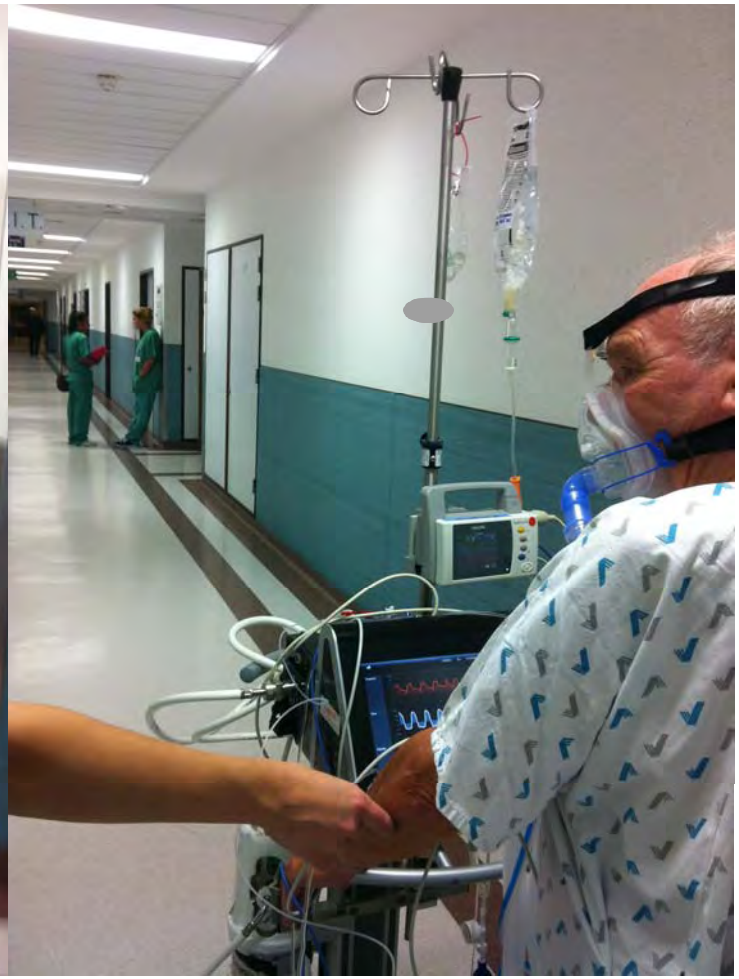








Et pourquoi pas en VNI ?



Corner 2010 : VNI permet d'augmenter l'intensité et la durée de l'effort pendant la revalidation des patients BPCO

Lima 2014: ↗ capacité fonctionnelle et ↗ distance de marche grâce à VNI chez patients souffrant de mucoviscidose

Manadue 2010 : ↗ distance de marche et saturation pendant déambulation après décompensation aiguë d'une insuffisance respiratoire chronique

➔ pendant mobilisation précoce ??


We Can Do It!


3.0
GH


Merci de votre attention !