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Addressing Cognition and Communication Within the Context of Early Mobilization in the Intensive Care Unit

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INTRODUCTION

Occupational therapy is playing an increasing role within interdisciplinary early mobilization programs in intensive care units (ICU). The purpose of this project was to incorporate evidence-based cognitive and communication practices within the context of the existing ICU early mobilization protocol at the University of Washington Medical Center (UWMC).

- The two main areas of focus included:
1. The assessment and treatment of delirium in the ICU
 2. Screening tools and communication strategies for nonverbal patients in the ICU

SITE-SPECIFIC FINDINGS: UWMC

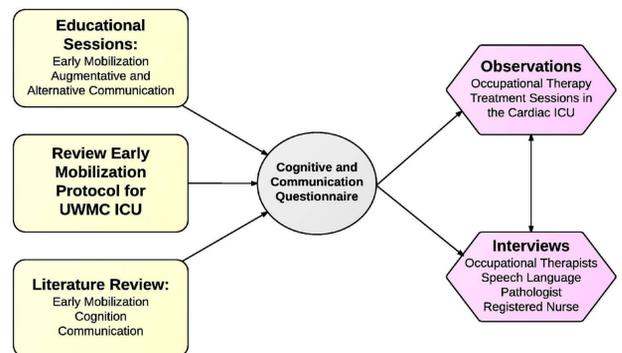
- Standing early mobilization orders for every ICU patient
- RNs assess cognitive status and sedation levels every 4 hours
- No standard protocol for OT cognitive assessments
- Using a number of interventions included in the ABCDE bundle
 - Not organized into a comprehensive protocol
- No standing orders for SLP communication screens
 - SLP is focused on swallowing evaluations
- No standard protocol for OT communication assessments
- Limited documentation for patient communication needs

INTERVENTIONS

Findings suggested a need for staff education and resources for future development of standardized cognition and communication protocols.

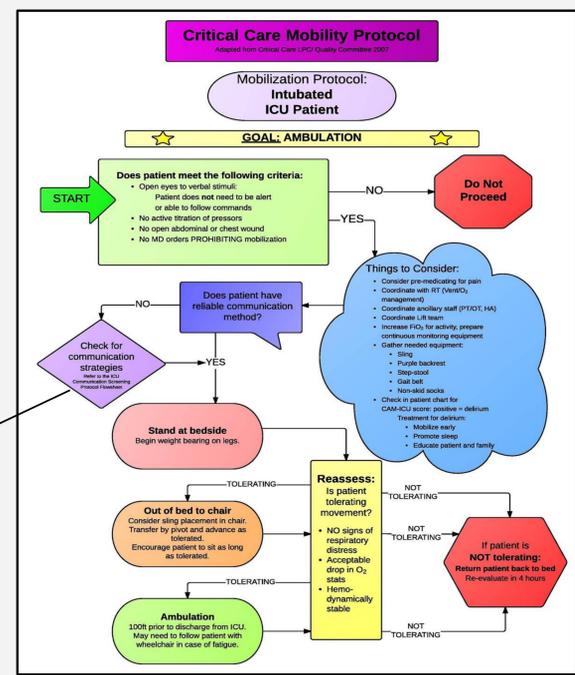
| One-hour in-service for UWMC Practitioners | |
|--|---|
| Education | 1. Recognize the common risk factors and consequences of delirium for patients in the ICU |
| | 2. Describe how delirium assessment results and interventions impact occupational therapy treatment planning in the ICU |
| | 3. Recognize communication barriers and the effects on a patient's healthcare experience |
| | 4. Discuss standardized and nonstandardized tools for communication |
| Binder for Community Partner | |
| Resources | 1. Literature review of early mobilization, cognition, and communication in the ICU |
| | 2. Needs assessment for UWMC |
| | 3. Revised early mobilization protocols with incorporated cognition and communication screens |
| | 4. Communication assessment and treatment tools |

METHODS

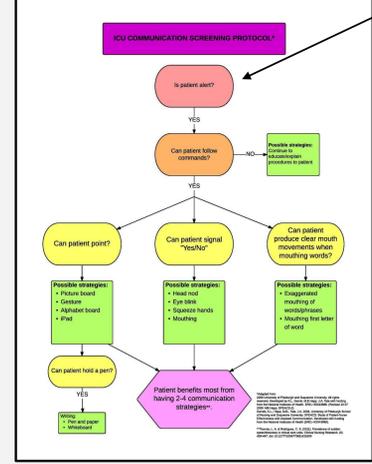


REVISED EARLY MOBILIZATION PROTOCOL

Revised Early Mobilization Protocol for Intubated ICU Patients



Communication Screening Flowchart for Non-Speaking Patients in the ICU



LITERATURE REVIEW FINDINGS

- Delirium is the main cognitive issue affecting patients in the ICU¹
- Several tools to assess and treat delirium:
 - CAM-ICU, ICDS, RASS, and SAS¹
- Rates and duration of patient delirium are reduced by implementing interventions in the ABCDE bundle²
- Mechanical ventilation is a major communication barrier for ICU patients³
- Poor communication is associated with short- and long-term consequences^{4,5}
- Limiting factors for communication:
 - Lack of staff training and inconsistent referral criteria^{3,6}

RESULTS

- 100% of in-service participants who provided feedback confirmed the need for training in cognitive and communication assessment and treatment
- 100% indicated in-service content will inform future practice
- Revised early mobilization protocol and resources will assist community partners with continued efforts to improve ICU care

DISCUSSION

Cognitive and communication issues serve as barriers to rehabilitation for ICU patients and can negatively impact patient outcomes. These barriers, coupled with varied levels of staff training and experience, may reduce the quality and coordination of care. Educating clinicians was a foundational step to incorporating evidence-based cognitive and communication practices into the existing early mobilization protocol.

- The next steps are:
1. Implement a pilot program of the new standardized protocol
 2. Assess therapist ease-of-use and patient outcomes

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