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Abstract*Introduction*

The use of sedation and analgesia protocols, daily interruption of sedation, and early mobilization (EM) have been shown to decrease duration of mechanical ventilation (MV) and hospital length of stay (LOS).

Methods

A retrospective chart review was conducted during a 6-month pre- (pre-EM) and 6-month post-mobilization (post-EM) period. Patients over the age of 18 who were admitted to the neurosciences intensive care unit (NICU) and mechanically ventilated for at least 24 hours without documentation of withdrawal of life support or brain death were included.

Results

31 pre-EM and 37 post-EM patients were included. Baseline demographics were similar with the exception of more ischemic stroke patients in the pre-EM group ($p < 0.05$). In the pre- and post-EM groups, patients received similar cumulative doses of propofol, dexmedetomidine, benzodiazepines, but higher median (IQR) doses of opioids [50.0 (13.8,165.0) versus 173.3 (41.2,463.2) mcg of fentanyl equivalents ($p < 0.05$)] in the post-EM group. NICU LOS was 10 (6,19) and 13 (8,18) days, respectively ($p = 0.188$).

Conclusions

ICU: intensive care unit; RASS: Richmond agitation sedation scale; NICU: neurosciences intensive care unit; PbO₂: peripheral brain tissue oxygenation; GCS Glasgow coma scale; pre-EM: pre-early mobilization; post-EM: post-early mobilization; PT: physical therapy; OT: occupational therapy

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