## **Oral Defense Announcement**

University of Missouri - St. Louis Graduate School

An oral examination in defense of the dissertation for the degree Doctor of Nursing Practice with an emphasis in Acute Care Pediatric Nurse Practitioner

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# A Guideline-Based Approach to Increase Early Mobilization in the Pediatric Patient Following Cardiothoracic Surgery

Date: Wednesday July 10th, 2024

Time: 3:00 pm Place: 106 Seton Hall

#### **Abstract**

**Problem:** Prolonged bedrest during the post-operative period contributes to complications that lengthen hospital stay and increase mortality and medical costs. Early mobilization is recognized as safe and feasible in critically ill children. However, there is no standardized procedure nor method of identifying patients who are safe to mobilize in a pediatric cardiac intensive care unit (ICU).

**Method:** The quality improvement (QI) project employed a descriptive observational design utilizing a retrospective-prospective method to assess the effects of implementing an early mobilization guideline in a pediatric cardiac ICU. The project included a convenience sample of all patients admitted to the pediatric cardiac ICU post cardio-thoracic surgery, excluding those on extracorporeal membrane oxygenation or with an open chest. Data was collected preand post-implementation and included age, gender, and time (days) to first documented mobilization post-operatively.

**Results:** A (N=97) patients met inclusion criteria during the data collection periods. Pre-implementation (Sept 1-Dec 1) (n=56) and post-implementation (March 10-May 26) (n=41). The early mobilization guideline did not increase the percentage of patients with documented mobilization on post-operative day (POD) 1. A decrease in mean time (days) to mobilization, from 2.24 to 2.05 days, and decrease in mean ranks of time to mobilization, from 48.28 to 47.6, was observed. A chi-square test for independence, two-tailed paired sample t-test, and Mann-Whitney U test were performed.

*Implications for practice*: Utilization of an early mobilization guideline in the pediatric cardiac ICU may decrease prolonged bed rest of post-operative patients. There remains opportunity to further support the building of a culture that promotes early mobilization.

### **Defense of Dissertation Committee**

Chairperson, Amanda Finley, PhD, RN Committee Faculty Member, Candace-Rae Davis, DNP, APRN, ACCNS-P, CPNP-PC/AC Committee Member, Erica Kniepkamp, MSN, CPNP-PC/AC