

## Background

- Following a mobility protocol is the simplest way to decrease length of stay for patients with chest tubes.
- By having a protocol it gives a set standard of how and when tasks such as ambulation should be completed and how often they should be done.
- Ambulation can be made easier and increase patient satisfaction if the use of an all-inclusive IV pole is used.
- In an article published in 2016, titled *Post-operative Care to Promote Recovery for Thoracic Surgical Patients: A Nursing Perspective*, the benefits of early mobilization after surgery includes: decrease in venous stasis, prevention of deep venous thrombosis (DVT) and pulmonary embolism (PE), as well as promotes lung expansion and function.

## Practice Change

The aim of this project was to decrease length of stay for patients with chest tubes by implementing a mobility protocol.

## Methods

Gather information of previous chest tube insertion patient length of stay, distribute the thoracic mobility protocol to current chest tube patients, compare the length of stay post education on patients with chest tube insertions.

## Measures and Results

### Thoracic Mobility Protocol

Thoracic Mobility Protocol      Grant 6  
Bed Number: \_\_\_\_\_ Date: \_\_\_\_\_

Activity	Day of Surgery	POD #1	POD #2	POD #3	Discharge Day
	Ambulate to bathroom and chair as tolerated with assist	Ambulate 3 times or more Loop x1 _____ Loop x2 _____ Loop x3 _____	Loop x1 _____ Loop x2 _____ Loop x3 _____ Loop x4 _____	Loop x1 _____ Loop x2 _____ Loop x3 _____ Loop x4 _____	Loop x1 _____ Loop x2 _____ Loop x3 _____ Loop x4 _____
	Turn, Cough, Deep breathe every 2 hours while awake	Turn, Cough, Deep breathe every 2 hours while awake	Turn, Cough, Deep breathe every 2 hours while awake	Turn, Cough, Deep breathe every 2 hours while awake	Turn, Cough, Deep breathe every 2 hours while awake

\*\*\* Some steps may take longer (or shorter) and may be adjusted according to your Doctor's orders.\*\*\*  
\*\* Loop- one trip around the unit\*\*

### Measures:

- Education was provided to registered nurses and certified nursing assistants on how to use the mobility protocol with patients that have chest tube insertions.
- The education was provided through the daily huddle and the use of flyers.
- Our initial plan was to have the manager pull information pre and post intervention, however, our manager was unable to provide us with the information to compare the results.

### Results:

Unable to obtain results to complete evidence based practice project due to lack of pulled information from manager, staff participation, and lack of patients with chest tubes on the unit.

## Summary/Discussion

### Procedure:

- Pre Mobility Protocol- have nurse manager gather historical data about length of stay for patients with chest tubes.
- For one week, present information to staff about how to implement the mobility protocol and how mobility protocol can decrease patient length of stay
- Gather information regarding length of stay for patients with chest tubes after mobility protocol is implemented.

## Conclusion

### Barriers to project completion include:

- Lack of manager response
- Lack of staff participation
- Time constriction
- Patients being discharged earlier than expected and unable to complete entire protocol
- Lack of chest tube insertion in patient population during time of study

### References

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