Early Mobilization with Patients with Femoral Arterial Catheters in the ICU
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Clinical Question:
● Does early mobilization of patients with femoral arterial catheters significantly improve patient's function instead of using standardized care in the ICU?

Level of evidence:
3 relevant studies were found:
● 1 quasi experimental design
  ○ Level III
● 1 case series
  ○ Level IV
● 1 cohort study without control
  ○ Level IV

Conclusions:
● Although placing patients with femoral arterial catheters on bed rest is a common practice in the ICU due to the perceived risk of early mobilization, no research has been found to support this theory.
● However, if the appropriate precautions are taken then research shows that early mobilization (5-7 days after catheter placement) is a safe and effective treatment for patients with a femoral arterial catheter.
● This reduces the effects that prolonged bedrest has on the amount of muscle atrophy, frequency of tachycardia and the maintenance of stroke volume.

References:

Active Mobilization
Marching on the spot for > 30 seconds or mobilizing away from the bed-space.

Active Transfer
Transfer from the bed to the chair where the patient assists with transfer against gravity.

Passive Transfer
Where a lifter, sling, or other device is used to transfer patient out of bed with minimal patient assistance.

Future Research:
● Even though there is a lack of research citing problems occurring with femoral arterial catheters during patient mobilization.
● Research suggests that the decision to keep a patient on bed rest appears to be strongly linked to the culture of the ICU.
● Further analysis with a greater population, more institutions, therapists and various ICU environments are necessary to classify the safety and probability of such.