

Rehabilitation in Critical Care

Evidence Update



November 2017
(Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Training Calendar 2017

All sessions are one hour

November (13.00)

2nd Thu	Literature Searching
10th Fri	Critical Appraisal
13th Mon	Statistics
21st Tues	Literature Searching
29th Wed	Critical Appraisal

December (12.00)

7th Thu	Statistics
15th Fri	Literature Searching

Your Outreach Librarian – **Helen Pullen**

Whatever your information needs, the library is here to help. Just email us at library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

The Latest Evidence

NICE National Institute for
Health and Care Excellence

[Rehabilitation after critical illness in adults - quality standard \(QS158\)](#)

Source: [National Institute for Health and Care Excellence - NICE](#) - 07 September 2017

Evidence-based statements to deliver quality improvements in managing rehabilitation after critical illness in adults

[Read Summary](#)

- More: [Quality Indicators](#)
- More: [Medicines Current Awareness](#)

[Can Early Rehabilitation on the General Ward After an Intensive Care Unit Stay Reduce Hospital Length of Stay in Survivors of Critical Illness?: a Randomized Controlled Trial](#)

Source: [Cochrane Central Register of Controlled Trials](#) - 01 January 2017 - Publisher: American journal of physical medicine & rehabilitation

DESIGN: This was a prospective randomized controlled trial. Fifty-three consecutive survivors of critical illness were...

[Read Summary](#)

- More: [Primary Research](#)

[QS158 Rehabilitation after critical illness in adults: Tools and resources](#)

Source: [National Institute for Health and Care Excellence - NICE](#) - 07 September 2017

Implementation resources – Rehabilitation after critical



Nothing to add

TRIP Database

[Service delivery models providing early rehabilitation within a critical care setting](#)

[PROSPERO](#)2017

[Early rehabilitation for the prevention of postintensive care syndrome in critically ill patients: a study protocol for a systematic review and meta-analysis.](#)

[BMJ open](#)2017

[Safety of Patient Mobilization and Rehabilitation in the ICU: Systematic Review with Meta-Analysis.](#)

[Annals of the American Thoracic Society](#)2017

[Factors influencing physical activity and rehabilitation in survivors of critical illness: a systematic review of quantitative and qualitative studies.](#)

[Intensive Care Medicine](#)2017

Journal Tables of Contents

The most recent issues of key journals. If you would like any of the papers in full text then please email the library: library@uhbristol.nhs.uk

Critical Care Medicine

November 2017 - Volume 45 - Issue 11

Intensive Care Medicine

November 2017 – Volume 43 – Issue 11



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Recent Database Articles

1. Dynamics of clinical recovery during the early phase of rehabilitation in patients with severe traumatic and non-traumatic brain injury

Author(s): Oujamaa L.; Francony G.; Boucheix P.; Schilte C.; Bouzat P.; Payen J.; Perennou D.

Source: Brain Injury; Sep 2017 ; p. 1-6

Publication Date: Sep 2017

Publication Type(s): Article In Press

Abstract: Purpose: Our aim was to describe the changes in the functional outcome at the early phase of rehabilitation following severe brain injury and to identify the factors associated with faster recovery. Methods: This retrospective analysis included 182 patients who were transferred from the intensive care unit (ICU) to a post-ICU neurorehabilitation unit following traumatic brain injury (TBI) (n = 82) or cerebrovascular accident (CVA) (n = 100). Admission, discharge and changes in scores were calculated for the Functional Independent Measurement (FIM) and the Wessex Head Injury Matrix (WHIM). Patients with high dynamics of clinical recovery were defined by delta FIM scores ≥ 22 . Results: Upon admission to the neurorehabilitation unit, 97% of patients had a FIM score ≥ 22 . Copyright © 2017 Taylor & Francis Group, LLC

Database: EMBASE

2. Systematic review of preoperative physical activity and its impact on postcardiac surgical outcomes

Author(s): Kehler D.S.; Stammers A.N.; Duhamel T.A.; Tangri N.; Hiebert B.; Arora R.C.; Fransoo R.; Schultz A.S.H.; Macdonald K.; Giacomantonio N.; Hassan A.; Legare J.-F.

Source: BMJ Open; Aug 2017; vol. 7 (no. 8)

Publication Date: Aug 2017

Publication Type(s): Article

Available at [BMJ Open](#) - from HighWire - Free Full Text

Available at [BMJ Open](#) - from Europe PubMed Central - Open Access

Abstract: Objectives The objective of this systematic review was to study the impact of preoperative physical activity levels on adult cardiac surgical patients' postoperative: (1) major adverse cardiac and cerebrovascular events (MACCEs), (2) adverse events within 30 days, (3) hospital length of stay (HLOS), (4) intensive care unit length of stay (ICU LOS), (5) activities of daily living (ADLs), (6) quality of life, (7) cardiac rehabilitation attendance and (8) physical activity behaviour. Methods A systematic search of MEDLINE, Embase, AgeLine and Cochrane library for cohort studies was conducted. Results Eleven studies (n=5733 patients) met the inclusion criteria. Only self-reported physical activity tools were used. Few studies used multivariate analyses to compare active versus inactive patients prior to surgery. When comparing patients who were active versus inactive preoperatively, there were mixed findings for MACCE, 30 day adverse events, HLOS and ICU LOS. Of the studies that adjusted for confounding variables, five studies found a protective, independent association between physical activity and MACCE (n=1), 30-day postoperative events (n=2), HLOS (n=1) and ICU LOS (n=1), but two studies found no protective association for 30-day postoperative events (n=1) and postoperative ADLs (n=1). No studies investigated if activity status before surgery impacted quality of life or cardiac rehabilitation attendance postoperatively. Three studies found

that active patients prior to surgery were more likely to be inactive postoperatively. Conclusion Due to the mixed findings, the literature does not presently support that self-reported preoperative physical activity behaviour is associated with postoperative cardiac surgical outcomes. Future studies should objectively measure physical activity, clearly define outcomes and adjust for clinically relevant variables. Registration Trial registration number NCT02219815. PROSPERO number CRD42015023606. Copyright © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2017. All rights reserved.

Database: EMBASE



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Swipe-card access: 7am-11pm, seven days a week

Level 5, Education and Research Centre

University Hospitals Bristol

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