

Early postoperative mobilization of children undergoing cardiac surgery

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Introduction

Physiotherapy intervention in the postoperative period of cardiac surgery in children generates better clinical outcomes and prevents respiratory, neurological, musculoskeletal complications and decreased loss of mobility and functional capacity. Initiate early mobilization protocols in the postoperative period of cardiac surgery and then applying the Johns Hopkins scale to evaluate pre-discharge mobility from the intensive care unit is essential, as it shows a vision of the quality of discharge in the intensive care unit, preventing and combating post-intensive care syndrome. The intervention of physiotherapy in the postoperative period of cardiac surgery in children generates better clinical outcomes and prevents respiratory, neurological, musculoskeletal complications and decrease in the loss of mobility and functional capacity.

Follow-up applying the Johns Hopkins scale to assess pre-discharge mobility in the intensive care unit is indispensable, as it shows a vision of the quality of discharge in the intensive care unit, preventing and combating post-admission syndrome in intensive care.

Objective

Show the early mobilization protocol in the postoperative period of cardiac surgery in children. Observe the value of the Johns Hopkins scale before discharge from the children's intensive care unit after cardiac surgery. Show the early mobilization protocol in the postoperative period of cardiac surgery in children. Observe the value of the pre-discharge Johns Hopkins scale from the intensive care unit of children in the postoperative period of cardiac surgery

Materials and method

Observational and retrospective study, in clinical records in the intensive care unit of the cardiovascular service from April 11, 2022 to April 30, 2023. Early mobilization was performed in 32 children aged between 2 and 15 years old, and upon discharge from the cardiac surgery intensive care unit, the Johns Hopkins scale was assessed.

Observational and retrospective study, in clinical records in the intensive care unit of the cardiovascular service in the period from April 11, 2022 to April 30, 2023. Early mobilization was performed in 32 children aged between 2 and 15 years old, and at the time discharge from the cardiac surgical intensive care unit, assessed using the Johns Hopkins scale.

Results

In total of 32 children hospitalized. In the intensive care unit, the JH scale, 85% of the children had a JH of 7, 15% JH 5 of which

indicates functionality at discharge. The time of stay in the intensive care unit 3 ± 5 days, 20% had respiratory complications and 75% had muscle weakness assessed by the MRC scale. In the total of 32 children admitted to the intensive care unit, the JH scale, 85% of the children had a JH of 7, 15% JH 5 which indicates functionality at discharge. The length of stay in the intensive care unit 3 ± 5 days, 20% had respiratory complications and 75% had muscle weakness assessed by the MRC scale.

Conclusion

Early mobilization is essential in the postoperative period of cardiac surgery, generating satisfactory results in the quality of hospital discharge and helping to reverse respiratory, hemodynamic and musculoskeletal complications. Our study showed quality at discharge with functionality. Early mobilization is indispensable in the postoperative period of cardiac surgery, generating satisfactory results in the quality of hospital discharge and supporting the reversal of respiratory, hemodynamic and musculoskeletal complications. Our study showed quality at discharge with functionality.

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None.

Conflicts of interest

The Author declared that there is no conflict of interest.