# Implementing early rehabilitation and mobilisation for children in UK paediatric intensive care units: the PERMIT feasibility study

Barnaby R Scholefield,<sup>1,2\*</sup> Julie C Menzies,<sup>2</sup> Jennifer McAnuff,<sup>3,4</sup> Jacqueline Y Thompson,<sup>1</sup> Joseph C Manning,<sup>5,6</sup> Richard G Feltbower,<sup>7</sup> Michelle Geary,<sup>8</sup> Sophie Lockley,<sup>9</sup> Kevin P Morris,<sup>2</sup> David Moore,<sup>10</sup> Nazima Pathan,<sup>11</sup> Fenella Kirkham,<sup>8</sup> Robert Forsyth<sup>12</sup> and Tim Rapley<sup>4</sup>

- <sup>1</sup>Birmingham Acute Care Research Group, Institute of Inflammation and Ageing, University of Birmingham, Birmingham, UK
- <sup>2</sup>Paediatric Intensive Care, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK
- <sup>3</sup>Population Health Sciences Institute, Newcastle University, Newcastle, UK
- <sup>4</sup>Department of Social Work, Education and Community Wellbeing, Northumbria University, Newcastle, UK
- <sup>5</sup>Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust, Nottingham, UK
- <sup>6</sup>Children and Young People Health Research, School of Health Sciences, The University of Nottingham, Nottingham, UK
- <sup>7</sup>Leeds Institute for Data Analytics, School of Medicine, University of Leeds, Leeds, UK <sup>8</sup>Child Health, University Hospital Southampton NHS Foundation Trust, Southampton, UK
- <sup>9</sup>PPIE Representative, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK
- <sup>10</sup>Institute of Applied Health, University of Birmingham, Birmingham, UK
- <sup>11</sup>Department of Paediatrics, University of Cambridge, Cambridge, UK
- <sup>12</sup>Translational and Clinical Research Institute, Newcastle University, Newcastle, UK

## Disclosure of interests of authors

**Full disclosure of interests:** Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at https://doi.org/10.3310/HYRW5688.

**Primary conflicts of interest:** Barnaby R Scholefield was funded by NIHR (Clinician Scientist Fellowship programme) during the conduct of the study. Julie C Menzies was funded by the NIHR as a 70@70

<sup>\*</sup>Corresponding author Barney.scholefield@sickkids.ca

Senior Nurse and Midwife Research Leader. Jennifer McAnuff was funded by the NIHR-HTA and held grants from the NIHR (HTA), Castang Foundation and UK Occupational Therapy Research Foundation during the conduct of the study. She is also a member of HTA MNCH Panel. Joseph C Manning held grants from NIHR (RfPB, HTA, i4i, HEE ICA programmes) and the NIH (USA), during the conduct of the study for the study. He is also a serving member of the NIHR RfPB Panel (East Midlands). Kevin P Morris reports grants from NIHR-HTA during the conduct of the study. David Moore reports grants from NIHR-HTA, NIHR-RfPB, NIHR-PGfAR, NIHR Research Methods Programme, Wellcome Trust and the University Hospital Birmingham NHS Trust during the conduct of the study outside the submitted work. Nazima Pathan has held funds from NIHR (HTA) and Action Medical Research during the conduct of this study. She is a serving member of the NIHR (HTA) Prioritisation Committee. Fenella Kirkham was supported by NIHR RfPB (PB-PG-1112-29099) and the NIHR Biomedical Research Centre (IS-BRC-1215-20012) at Great Ormond Street Hospital for Children NHS Foundation Trust and University College London. Rob Forsyth held grants from NIHR (EME programme) during the period of this study. Tim Rapley held grants from NIHR (HTA, RfPB, SSCR), Elizabeth Casson Trust, Burdett Trust for Nursing, and Horizon 2020 (EU), during the conduct of the study. He is also funded by the NIHR Applied Research Collaboration (ARC) North East and North Cumbria (NENC).

Published November 2023 DOI: 10.3310/HYRW5688

# Plain language summary

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Health Technology Assessment 2023; Vol. 27: No. 27

DOI: 10.3310/HYRW5688

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# **Plain language summary**

# Why study early rehabilitation and mobilisation?

Early rehabilitation and mobilisation, within the first week of intensive care admission, can improve the speed of recovery from illness or injury in adults. However, there is a lack of evidence about whether critically unwell children benefit from early rehabilitation and mobilisation.

## What did we want to find out?

We aimed to identify which patients may benefit from early rehabilitation and mobilisation. Also, to develop and test a manual of early rehabilitation and mobilisation using the best evidence and expertise – called the Paediatric Early Rehabilitation and Mobilisation during InTensive care manual. Then evaluate whether the manual could be implemented safely in paediatric intensive care units and was acceptable to staff and families.

#### What did we do?

We undertook in respect of early rehabilitation and mobilisation:

- review of existing research;
- national survey of practice (124 staff);
- gathered information about current conduct (15 paediatric intensive care units, 169 patients);
- spoke to experts (18 people);
- developed the Paediatric Early Rehabilitation and Mobilisation during InTensive care manual to guide paediatric intensive care unit staff;
- Tested the Paediatric Early Rehabilitation and Mobilisation during InTensive care manual in three paediatric intensive care units with 30 patients;
- gathered feedback from healthcare professionals via weekly 'debriefs' (47), interviews (13) and surveys (118), and from parents via parent-completed questionnaires (21) and interviews (14).

## What did we find?

Despite being regarded as important, currently early rehabilitation and mobilisation practice is inconsistent, not considered 'early' enough and often focuses on low-risk activities conducted on the bed. Introducing the Paediatric Early Rehabilitation and Mobilisation during InTensive care manual as part of a trial was acceptable and feasible and helps standardise delivery to unwell children. Measuring child and parent reported outcomes was acceptable but follow-up at 30 days was incomplete.

#### What does this mean?

A larger trial of early rehabilitation and mobilisation, involving more paediatric intensive care units, is feasible and required to demonstrate benefit to children.

# **Health Technology Assessment**

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.6

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## This report

The research reported in this issue of the journal was funded by the HTA programme as award number 17/21/06. The contractual start date was in November 2018. The draft report began editorial review in April 2022 and was accepted for publication in January 2023. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

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