


**Institution Name:** Directorate General of Specialized Medical Care, MoH**Document Title:** Physiotherapy Procedure in Intensive Care Unit**Approval Process**

	Name	Title	Institution	Date	Signature
Written by	Jokha Salim Al-Abrawi	HOD Rehabilitaiton	Al Nahdha Hospital	March/ 2020	Jokha Salim Al-Abrawi
Reviewed by	National Physiotherap y Taskforce for Policies and Guidelines Developmen t		Ministry of Health	March/ 2020	National Physiotherap y Taskforce for Policies and Guidelines Development
Validated by	Dr. Qamra Al-Sariri	DG of QAC	Ministry of Health	October/ 2020	Dr. Qamra Al-Sariri
Approved by	Dr. Kadhim Jaffar Sulaiman	DG of SMC	Ministry of Health	October/ 2020	



Contents Table:

Acknowledgement.....3

Acronyms:.....4

1. Introduction5

2. Scope5

3. Purpose5

4. Definitions6

5. Procedure6

6. Responsibilities.....7

7. Document History and Version Control.....8

8. Related Documents:.....8

9. References:.....9



Acknowledgement

Directorate General of Specialized Medical Care (DGSMC) would like to express its deepest appreciation to all the Ministry of Health (MOH) staff who have participated in writing this procedure; their remarks, comments and feedback were very helpful. Special thanks go to the following staff.

Jokha Salim Al Arawi	Al Nahdha Hospital
Alli Mary John	Royal Hospital
Salha Al Busaidi	Royal Hospital
Samiya Al Raisi	Directorate General of Specialized Medical Care
Asaad Al- Qasmi	Directorate General of Specialized Medical Care



Acronyms:

MOH	Ministry of Health
DG	Director General
HOD	Head of Department
DGSMC	Directorate General of Specialized Medical Care
MRS	Medical Rehabilitation Services
NIV	Non Invasive Ventilation
ICU	Intensive Care Unit



Physiotherapy Procedure in Intensive Care Unites

1. Introduction

For mechanically ventilated patients, early physiotherapy has been shown to improve quality of life and to prevent ICU-associated complications like deconditioning, ventilator dependency, and respiratory conditions. Physiotherapists are routinely involved in patient care, particularly with regards to respiratory care and passive and active limb mobilization. However the extent to what physiotherapists are involved in other procedures such as the adjustment of mechanical ventilators, supervision of weaning and extubation and implementation of Noninvasive Mechanical Ventilation (NIV) is less.

Physiotherapy services can be used at all ages and at all stages of disease, from early diagnosis, through chronic illness, to acute episodes and care at the terminal stage. The physiotherapist's role in ICU includes assessment, advice, education and hands-on intervention. Traditionally, respiratory physiotherapists aid the mobilization and removal of secretions. However, this is not the only one of the many problems physiotherapists can address; their intervention always aims to;

- 1.1 Maintain or improve exercise tolerance
- 1.2 Improve functional abilities (i.e. carrying out daily tasks)
- 1.3 Maintain and improve physical activity, coaching patients toward improving healthy behavior and
- 1.4 Reduce breathlessness and the work of breathing

2. Scope

This procedure is applicable to all physiotherapists working in Intensive Care Units in all healthcare institutions in the government as well as non-government sectors.

3. Purpose

- 3.1 To identify the availability and the role of physiotherapy services in intensive care units (ICUs).



- 3.2 To provide a systematic guidance to physiotherapists in the provision of chest physiotherapy in ICU.
- 3.3 To inform all medical, nursing and physiotherapy staff members about the guideline and procedures for referring patient to physiotherapy service.

4. Definitions

- 4.1 **Physiotherapist:** are an integral part of the multi-disciplinary team in critical care, and are uniquely qualified with skills and expertise to work with the assessment and management of respiratory complications, physical deconditioning, and neuromuscular and musculoskeletal condition.
- 4.2 **Chest physiotherapy:** chest physiotherapy is the term for a group of treatments designed to improve respiratory efficiency, promote expansion of the lungs, strengthen respiratory muscles, and eliminate secretions from the respiratory system.
- 4.3 **Intensive Care:** is the specialized care of patients whose conditions are life-threatening and who require comprehensive care and constant monitoring.

5. Procedure

- 5.1 **Referral:** The doctor will refer the patient for chest physiotherapy after respiratory assessment has been completed.
- 5.2 **Assessment:** When the patient has been referred for chest physiotherapy, the physiotherapist will start with a comprehensive assessment of the patient's respiratory function, breathing pattern, respiratory muscle function and exercise capacity.
- 5.3 **Intervention:** Based on the assessment, an evidence-based therapy plan will be developed. Chest physiotherapy interventions may include positioning, percussion, vibration, suctioning manual and ventilator hyperinflation, respiratory muscle strengthening, breathing exercises, mobilization and education.

6. Responsibilities

- 6.1 Referring doctor is responsible for:
 - 6.1.1 Assess if patient needs chest physiotherapy



6.1.2 Referral should be stated to physiotherapy service

6.2 Physiotherapist is responsible for:

6.2.1 Provide chest physiotherapy services to patient

6.3 Respiratory Therapists are responsible for:

6.3.1 Evaluate, treat, and maintain cardiopulmonary function. They are specialized medical expertise and use advanced medical technology.



7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Jokha Salim Al-Abrawi	October/ 2023
Written by	Reviewed by	Approved by	
Jokha Salim Al-Abrawi	National Physiotherapy Taskforce for Policies and Guidelines Development	Dr.Kadhim Jaffar Sulaiman	

8. Related Documents

There is no related document for this procedure.



9. References

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Chest physical therapy for patients in the intensive care unit	Ciesla, N.D	June 1998	609-25
Chest physiotherapy practice in intensive care units in Australia, the UK and Hong Kong	Alice, Y.M	July 2009	39-47