International Platform of Registered Systematic Review and Meta-analysis Protocols

INPLASY

APPLICATION OF PERME INTENSIVE CARE UNIT MOBILITY SCORE IN HOSPITALIZED PEOPLE: SCOPING REVIEW

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 07 October 2023 and was last updated on 07 October 2023.

INTRODUCTION

Review question / Objective What is the evidence in the (inter)national literature on the application of the Perme Intensive Care Unit Mobility Score in hospitalized individuals"? Objective: to synthesize the evidence on the use of the Perme mobility scale in hospitalized people.

Background Assessment of locomotor functions and understanding the barriers to early mobilization (EM) are essential for the management of hospitalized patients. EM is defined as mobility activities that begin immediately after physiological, neurological, respiratory and cardiovascular stabilization, generally within 24-48 hours after hospital admission to the Intensive Care Unit (ICU). When considering mobility instruments in a hospital setting, the Perme Intensive Care Unit Mobility Score (Perme Escore), originally designed for use in the ICU, is the only tool that includes a detailed category with four different items that identify potential barriers when mobilizing patients.

Rationale The Perme Score has high inter- and intra-rater reliability and was translated and adapted into Portuguese. It presents seven categories that include mental state, potential mobility barriers, functional strength, bed mobility, transfer, gait and endurance. The score ranges from 0 to 32 points, a high score indicates high mobility and less need for assistance and a low score indicates low mobility and greater need for assistance. Although the Perme Score is commonly used to estimate patient mobility within the ICU, it can be used in wards.

METHODS

Strategy of data synthesis A specific search strategy for the language of each database was

developed using, initially, the Medical Subject Headings (MEsH) descriptor and later translated to specific descriptors (Descriptors in Health Sciences (DeCS) and Embase Subject Headings (Emtree)), Mobility Limitation OR Early Ambulation OR Physical Therapy Modalities AND Inpatients. Help was sought from a professional librarian in the elaboration of the search strategy so that the possibility of error was minimized that suggested to search using only the free terms Perme OR Perme Scale OR Perme score. The search strategy will be applied by the researchers in the MEDLINE databases through the Pubmed; EMBASE and PEDro.
To search using only the free terms Perme OR Perme Scale OR Perme score
EMBASE ti,ab,kw
PUBMED / ti, ab
Bvs
Web of Science
Scielo Citation Index ti, ab
SCOPUS
PEDRO.

Eligibility criteria Study designs to be included: Observational studies, studies of translation and cross-cultural adaptation.
Eligibility criteria: the observational type, including prospective and retrospective cohort, case-control and cross-sectional studies; presence of the variables of interest “Perme Intensive Care Unit Mobility Score” and “hospitalization”; published in any language, with no publication date limit.
Main outcome(s): check existing publications on the Perme Intensive Care Unit Mobility Score in all hospital settings, from the ICU to the ward. Furthermore, all studies of translation and cross-cultural adaptation.
Studies that include hospitalized people in which Perme Intensive Care Unit Mobility Score was used and studies to translation into another language and cross-cultural adaptation for use of the score.

Source of evidence screening and selection
Strategy of data synthesis: Information including age, percentage of female, authors, years, country, participant type, criteria, sample size and data, scores PErme, outcome of hospitalization. Data will independently extracted by 2 authors.

Data management Subgroup analysis:
1. Studies of translation and cross-cultural adaptation,
2. Perme Intensive Care Unit Mobility Score utilization in the ICU,
3. Perme Intensive Care Unit Mobility Score utilization medical and surgical wards,
4. Perme Intensive Care Unit Mobility Score utilization in specific patient profiles.
Sensitivity analysis: To assess if the study results were stable, we will conduct a sensitivity analysis and will find if the pooled effects size did not have a material change.

Reporting results / Analysis of the evidence
Quality assessment / Risk of bias analysis: Newcastle-Ottawa scale.

Language restriction None.

Country(ies) involved Brazil.

Keywords Mobility Limitation; Early Ambulation; Physical Therapy Modalities; Inpatients; Perme.

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