Appendiks til Hanna Eikås Klem, Tuva Sofie Tveiten, Sigrid Beitland, Stine Malerød, Doris Tove Kristoffersen, Terese Dalsnes, Maria Beate Nupen-Stieng, Lillebeth Larun. Tidlig aktivitet hos respiratorpasienter – en metaanalyse. Tidsskr Nor Legeforen 2021; 141. doi: 10.4045/tidsskr.20.0351.

Dette appendikset er et tillegg til artikkelen og er ikke bearbeidet redaksjonelt.

Appendiks 4: Oversikt over uheldige hendelser i de inkluderte studiene

Forfatter, årstall (ref)	Forhåndsbestemt definisjon, uheldige hendelser	Antall uheldige hendelser	Antall hendelser intervensjon **Alvorlige**/mindre alvorlige	Antall økter intervensjon	Antall hendelser kontroll **Alvorlige**/mindre alvorlige	Antall økter kontroll	Interven-sjon (total n)	Kontroll (total n)
Amunda-dottir 2019 (31)	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	29	21
Burtin 2009 (15)	*Malign arrhythmias, symptoms of myocardial ischemia, and respiratory distress leading to symptoms of intolerable dyspnea were defined as severe adverse events (s. 2- 3)*	*No severe adverse events were identified. Exercise was terminated early in 16 individual sessions because of SpO2 <90% (n=8), SBP >180 mm Hg (n=6), or a >20% decrease of diastolic blood pressure (n=2) (s. 4)*	**0**/16*	425	Ikke oppgitt	Ikke oppgitt	31	36
Condessa 2013 (22)	*All cardiorespiratory variables (respiratory rate, heart rate, systolic and diastolic blood pressure, and oxyhaemoglobin saturation) were recorded again one minute after the end of the protocol in both groups to identify haemodynamic instability as an adverse event (s. 102)*	*The monitoring of cardiorespiratory variables did not identify any adverse events (s. 105)*	0	Ikke oppgitt	0	Ikke oppgitt	38	39
Dantas 2012 (17)	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	14	14
Dong 2014 (27)	*Serious adverse events included fall to knees,endotracheal tube removal, systolic blood pressure >200 mmHg, systolic blood pressure <90 mmHg, and desaturation to <80%, indwelling catheter prolapsed (such as enteral feeding tube, urinary tube, chest tube, arterial or venous catheters) (s. 49)*	*No serious adverse events occurred in the rehabilitation group, and only 1 patient developed orthostatic hypotension when standing bedside (s. 50)*	**0**/1	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	30	30
Dong 2016 (16)	*The occurrence of adverse events including falling to the knees, tracheostomy tube removal, and prolapse of an indwelling catheter (such as enteral feeding tube, urinary tube, drainage tube, and arterial or venous catheters) (s. 243)*	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	53	53

Dos Santos* 2018 (23)	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	Ikke oppgitt	13	15
Eggmann 2018 (29)	*Prospectively defined adverse events (AE) included new hemodynamically relevant arrhythmias or otherwise unstable hemodynamics, oxygenation desaturation under 85%, a fall or other injury and any accidental removal of a tube, catheter or similar device. Per definition, AEs occurred during or up to 15min after physiotherapy and persisted despite an intervention or therapy interruption (s. 5)*	*There were 4 AEs, in the experimental group due to an oxygen desaturation while cycling and 3 in the control group during mobilisation (one oxygen desaturation, two unstable haemodynamics) (s. 6)*	**0**/1	407	**0**/3	377	58	57
Hodgson 2016 (18)	*Serious adverse events including: falling to the floor, cardiac arrest, rapid atrial fibrillation, ventricular tachycardia or other dangerous arrhythmia during exercise, oxygen saturation less than 80% for greater than 3 minutes, unplanned extubation, or loss of any invasively inserted line (s. 1148)*	*There were no serious adverse events. Adverse events requiring a mobilization episode to stop were reported in four of the control group patients (agitation was reported in two patients and transient hypotension in two patients), and one adverse event was reported in the intervention group (agitation) that required the exercise session to be ceased (s. 1149)*	**0**/1	Ikke oppgitt	**0**/4	Ikke oppgitt	29	21
Kho 2019 (30)	Ikke oppgitt	*4 patients experienced 4 adverse events (1 Cycling, 3 Routine): uncontrolled arrhythmia (n=2), 1 desaturation to 80% and 1 elevated heart rate during ambulation (both returned to baseline following rest) (s. 5)*	**0**/2	247	**0**/3	198	36	30
Martin 2011 (21)	Ikke oppgitt	*There were no adverse events observed during IMST or og SHAM training (s. 5)*	0	Ikke oppgitt	0	Ikke oppgitt	35	34
Morris 2016 (20)	*Adverse events were quantified by deaths, device removals, reintubations, and patient falls during physical therapy (s. 3)*	*The majority of adverse events captured were not specifically related to SRT delivery. Specific to SRT, there were no untoward events such as endotracheal tube removal, vascular access device removal, patient near-fall or fall, or cardiac arrest. However, there was an episode of asymptomatic bradycardia during a progressive resistance exercise session lasting less than 1 minute, with the patient completing the session afterwards. (s. 2699)*	**1**/11	Ikke oppgitt	**0**/13	Ikke oppgitt	150	150
Moss 2016 (19)	Ikke oppgitt	*One patient had a syncopal episode during a PT session, and another patient was readmitted to the hospital with polyarthralgia that was possibly related to PT interventions (s. 6)*	**0**/2	784	Ikke oppgitt	404	59	61
Schaller 2016 (25)	*Tabell 3 s. 1385*	*No serious adverse events were observed. Hypotension was the most frequently reported adverse event. We recorded no adverse events*	**0**/25	1246†	**0**/10	908†	104	96

		of falls, dislodgement of endotracheal tubes or central lines, or episodes of hypertension (s. 1385)						
Schweickert 2009 (26)	*Serious adverse events, in accordance with recently published literature, included fall to knees, endotracheal tube removal, systolic blood pressure more than 200 mm Hg, systolic blood pressure less than 90 mm Hg, and desaturation to less than 80%. (s. 1877)*	*There was one serious adverse event (desaturation less than 80%). Discontinuation of therapy as a result of patient instability occurred in 19 (4%) of all sessions, most commonly for perceived patient-ventilator asynchrony (s.1879)*	**1**/19*	498	Ikke oppgitt	Ikke oppgitt	49	55
Tonella 2017 (24)	Ikke oppgitt	*It can be concluded that the electronic IMT device is safe, as it did not adversely affect HR, MAP, and SpO2 variations (s. 933)*	0	Ikke oppgitt	Uklart oppgitt	Ikke oppgitt	8	11
Wright 2018 (28)	Ikke oppgitt	*One adverse event (AE) related to physical rehabilitation was reported during the study and occurred in the intervention group when a tracheostomy needed to be re-sited for a cuff leak. There were no serious AEs (s. 218).*	**0**/1	2068	**0**/0	1335	150	158

* Oppgitt som årsak til at intervensjonen ble avbrutt, og ikke beskrevet som uheldige hendelser. Tallet er inkludert i analysen.
† Studien oppgir dager, ikke økter, men det er trolig én økt pr. dag.