What the experts say
Early mobility

The term mobilization in the ICU context refers to physical activity of sufficient intensity to produce physiological benefits, namely enhanced circulation, central and peripheral perfusion, ventilation, muscle metabolism, and alertness. Early mobility can include a wide range of activities and strategies such as passive and active range of motion, active turning in bed, transferring from a bed to chair, sitting upright in a bed or chair, and ambulation.

Recommendations and guidelines

National Pressure Injury Advisory Panel (NPIAP) 2019

- “Implement an early mobilization program that increases activity and mobility as rapidly as tolerated.”
- “Promote seating out of bed in an appropriate chair or wheelchair for limited periods of time.”
- “Select and use an appropriate pressure redistribution cushion for when the individual is seated out of bed.”

Effects of immobility

Muscle strength
- 5% of muscle mass can be lost daily without adequate mobilization.
- “The deconditioning patient’s experience from lying in bed may contribute to falls within the acute care setting.”

Cardiovascular workload
- Lying down shifts 11% of the total blood volume away from the legs, with the majority going to the chest.
- “These changes result in increased cardiovascular workload, elevated resting heart rate, and a decrease in stroke volume with a reduction in cardiac output.”

Hospital-acquired conditions
- Other major complications associated with immobility include: pneumonia, pressure injuries, and urinary tract infections, which all have major implications on a patient’s health-related quality of life after discharge.

Length of stay
- “Intensive care unit-acquired weakness (ICU-AW) from immobility results in prolonged mechanical ventilation, reoccurring respiratory failure, ventilator-associated pneumonia, increased ICU and hospital length of stay, and increased mortality.”
- “…ICU-AW tend to extend the duration of MV, prolong the length of ICU and hospital stay, increase risk of mortality at hospital discharge.”

Published review and outcomes

Changing the Perceptions of a Culture of Safety for Patient and the Caregiver
- “…through mobilization of patients early in their hospital stay, we can reduce falls and prevent urinary catheter associated infections, delirium, ventilator associated events, pressure injuries, and venous thromboembolism, with the potential of reducing admissions.”

The effect of early mobilization in critically ill patients:
- “…early mobilization was effective in preventing the occurrence of ICU-AW, shortening the length of ICU and hospital stay, and improving the functional mobility.”
- Active mobilization and rehabilitation in the ICU may improve mobility status, muscle strength, and days alive and out of hospital to 180 days.

References: