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Early Mobilization for Critically Ill Adults: An Integrative Review

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Objectives
Despite emerging evidence on early mobilization (EM) in critically ill patients, perceived barriers to EM and immobility in the ICU persists. This review aimed to summarize existing data on nurse-led EM, how EM is defined, how EM protocols were developed, and key protocol components.

Methods
Using the databases CINAHL, Embase, and ProQuest Nursing and Allied Health, a comprehensive search was done in April 2020. Studies were excluded if they included patients <18 years old, were not in English, did not include original data, or were outside of the ICU, and if they excluded mechanically ventilated patients.

Results
Six studies met the search criteria and were included. EM definitions commonly included implementing within a specified time frame.Protocols were developed by adapting protocols that were not initially nurse led, by an expert panel at the institution, or unspecified.

Conclusions
• Results highlight the need for standardization on nurse-led EM to facilitate clinical translation and improve patient outcomes.
• True contraindications for EM need to be more specifically defined and consistently applied.
• Results indicate progressing towards a new term definition, with early indicating the first 24-72 hours of ICU stay.
• Additional research is needed to develop an evidence-based, nurse-led protocol for EM among critically ill adults.

References
Hester et al., 2017; Klein et al., 2015; Titsworth et al., 2012; Winkelman et al., 2018; Negra et al., 2018; Nydahl et al., 2020; Hester et al., 2017; Winkelman et al., 2018.