Effect of Early Mobilisation in Intensive Care Unit on Mortality & Functional Recovery: Systematic Review [Abstract]
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Background and Aim
Some hospitals already report early mobilisation as being a standard procedure in Intensive Care Unit (ICU), despite lack of conclusive evidence of its benefit to patients, and a recent systematic review (SR) finding there was no significant association between early mobility in ICU and patient outcomes. Additionally, a recent SR of research in stroke patients has highlighted that a higher mortality is associated with early mobilisation.

Therefore our aim was to determine the impact of early mobilisation in ICU on mortality, and functional recovery. This was pursued by undertaking a SR to assess research studies regarding the effect early mobilisation has on patients within ICU, in respect to their mortality and functional recovery. Despite a similar SR having been completed recently there is more data to be extracted and several newly published randomised controlled trials that have not yet been included in a SR.

Design
Systematic Review. MEDLINE, CINAHL, EMBASE, LICAS, Scopus and Web of Science were all searched for randomised and controlled clinical trials studying the use of early mobilisation compared to usual care in ICU and the effect on patients. Results were screened by two independent reviewers, with a third to resolve disagreements (if consensus was not reached). Primary outcome was mortality at hospital discharge. Secondary outcome measures were mortality at ICU discharge, 6 & 12 months after admission, functional status, mobility, muscle strength, & quality of life. The authors of eligible studies were contacted to obtain additional data where required.

Results
8080 articles are in the process of being screened using Covidence (an online database program). With Five articles selected for the SR to date. Preliminary results have not yet been established. The findings of this study will guide and determine best outcomes for early mobilisation in ICU patients.