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# Mobilisation

Early mobilisation in critically ill patients can improve outcomes during and after critical care. However, it requires a coordinated effort from the multidisciplinary critical care team. Effective early mobilisation strategies in the ICU require a structured and individualised approach, ensuring safety and maximising benefits for critically ill patients.

While beneficial, early mobilisation presents several challenges. Critically ill patients may be prone to hypotensive episodes that may be exacerbated by movement. Patients in shock should not be considered and those with severe cardiovascular compromise do require careful assessment. Patients who are mechanically ventilated may face difficulties during mobilisation. Mobilisation can also cause transient drops in oxygen saturation. Sedation should be avoided if possible. Cognitive impairments can also hinder the patient's ability to understand and engage in mobilisation activities. Also, prolonged immobility can lead to joint contractures and stiffness, making mobilisation painful or difficult. Pain can also be a major barrier to mobilisation.

Addressing these challenges requires careful patient assessment, individualised planning, effective pain and sedation management, and strong teamwork among critical care providers. Critical care teams need to adopt a structured, coordinated approach that prioritises patient safety and optimises outcomes. Effective communication is important to ensure everyone is aligned and that mobilisation is prioritised.

ICU teams should implement standardised protocols that are evidence-based and adaptable to individual patient needs. Personalised mobilisation plans should be developed, and early mobilisation should be initiated as soon as the patient is stable enough to tolerate a physical activity. Patients should be continuously monitored, and teams should adjust or pause mobilisation if the patient exhibits signs of distress. Safety should always be the top priority. Pain should be effectively managed to enable patient participation and sedation protocols should be implemented to allow for lighter sedation levels and facilitate patient engagement.

ICU team leaders should support early mobilisation initiatives, providing the necessary resources, staffing, and equipment. It is essential to foster a culture of continuous improvement by encouraging feedback from staff, patients, and families. By addressing these aspects, critical care teams can implement early mobilisation strategies that improve patient outcomes, reduce complications, and enhance overall recovery from critical illness.

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