Title:

The Influence of Early Mobilization on Pressure Ulcers: A Systematic Review

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References:

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Abstract Summary:

The purpose of this systematic review was to assess the state of research to determine if early mobilization decreases the incidence of pressure ulcers in hospitalized adults. Five of the six studies showed the incidence of pressure ulcers was reduced in those patients who participated in early mobilization activities.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Discuss the benefit of early mobilization on hospital acquired pressure ulcers.	Five out of six of the studies included in the review found that early mobilization decreased the incidence of hospital acquired pressure ulcers.
Apply findings to develop further research on early mobilization's impact on hospital acquired pressure ulcers.	This work demonstrates there is research exhibiting the benefits of early mobilization for the decreased incidence of pressure ulcers. Further studies need to clearly define the

subcomponents of mobility interventions and how they are measured, the definition and
subcomponents of mobility interventions and
how they are measured, the definition and
measurement criteria for pressure ulcer
outcomes, as well as be conducted across
several patient populations to increase the
utility of the research conducted.

Abstract Text:

Problem: There has been an 84.6 percent increase in the secondary diagnosis of pressure ulcers in hospitalized adults over the last two decades indicating potential hospital acquired pressures. Pressure ulcers impact quality of life and increase morbidity and mortality to a cost of over nine billion dollars annually in the U.S. The reduction of pressure ulcers in hospitalized adults therefore is a priority to nursing.

Purpose: The purpose of this systematic review was to assess the state of research to determine if early mobilization decreases the incidence of pressure ulcers in hospitalized adults.

Search Strategy: A search was conducted using a literature search tracking flowchart including a forward and backward search of the following electronic databases: Cumulative Index of Nursing and Allied Health Literature, Embase, PubMed, and Cochrane Database of Systematic Review. Inclusion criteria were hospitalized adults 18 years and older, with mobility interventions, in peer reviewed articles, written in English. Exclusion criteria were ambulatory or outpatients and pediatrics, and those studies lacking the intervention of mobility and/or measurement of pressure ulcers.

Results of Literature Search: Six studies, three prospective and three retrospective studies were included in this review, ranging in level of evidence from II to IV. A total of 5,502 patients from the United States and Europe, with settings in adult inpatient units including surgical intensive care, medical intensive care, cardiovascular intensive care, orthopedic units, neuro intensive care, and general medical unit.

Synthesis of Evidence: Five of the six studies showed the incidence of pressure ulcers was reduced in those patients who participated in early mobilization activities. Major trends in the studies included the use of a dedicated mobility team or aide, clear protocols for implementation, defined guidelines for advancement from bed rest to walking, and the use of an interdisciplinary team.

Implications for Practice: While there is indication through this work that early mobilization is an intervention that should be ingrained into practice for decreased pressure ulcer incidence, there are notable gaps on dosage of the intervention and definition of measurement for pressure ulcers. Further research is needed to ensure research is generalizable to practice settings.