

## Burns: Early Mobilization and Rehabilitation of Critically Ill Burn Patients (2022)

### About the Guideline

- This clinical practice guideline was created by 12 professionals for the purpose of investigating the outcomes and the benefits early mobilization and rehabilitation (EMR) would have for critically ill burn patients.
- This guideline was developed after performing a literature search from the following databases:
  - Ovid MEDLINE
  - Embase
  - Cumulative Index of Nursing and Allied Health Literature (CINAHL)
  - Cochrane Central Register of Controlled Trials (Central)
- For this guideline, “early” refers to the first 14 days post burn injury.

### Key Clinical Considerations

Become familiar with the recommendations and best-practice statements provided in this guideline, especially if you work in an acute care setting with critically ill burn patients.

### Early Mobilization

- Due to insufficient evidence, no recommendation can be made regarding initiating EMR to reduce the duration of mechanical ventilation in critically ill burn patients in the intensive care unit (ICU) setting.
- Initiating EMR to reduce ICU-acquired weakness is conditionally recommended.
- Due to insufficient evidence, no recommendation can be made regarding initiating EMR to reduce the development of hospital-acquired pressure injuries.
- Due to insufficient evidence, no determination can be made on whether EMR leads to skin graft or skin substitute loss; however, there is no current evidence that mobilization causes harm to skin grafts or skin substitutes in burn patients outside of the ICU setting.
- Initiating EMR to reduce delirium is conditionally recommended.

### Safety and Barriers

- Common perceived barriers to EMR in the ICU include:
  - Patient medical instability
  - Excessive sedation
  - Obesity
  - Risk of line or tube dislodgement
  - Endotracheal tube intubation
  - Cognitive impairment
- While adverse events of EMR are uncommon, reported events that lead to the early cessation of EMR are:
  - Orthostatic hypotension
  - Patient medical instability
  - Syncope

- Early mobilization of burn patients requires:
  - Interdisciplinary communication and collaboration
  - Development of a practical and realistic protocol
  - Advocation
  - Training
  - Educational resources

#### Reference

Cartotto, R., Johnson, L., Rood, J. M., Lorello, D., Matherly, A., Parry, I., Romanowski, K., Wiechman, S., Bettencourt, A., Carson, J. S., Lam, H. T., & Nedelec, B. (2023). Clinical Practice Guideline: Early Mobilization and Rehabilitation of Critically Ill Burn Patients. *Journal of burn care & research: official publication of the American Burn Association*, 44(1), 1–15.  
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