

# Early mobilization in hospitalized patients with pneumonia: a systematic review of effectiveness

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## Abstract

### Introduction

Pneumonia is one of the main causes of hospitalization worldwide, affecting different age groups, with a higher risk for adults/elderly. In addition to representing a significant burden of morbidity and mortality, prolonged hospitalization due to pneumonia is associated with high rates of immobility, with patients remaining up to 95% of the time in bed.<sup>1,2</sup> Low hospital mobility is a preventable risk factor, making the implementation of early mobilization strategies essential for improving health outcomes.<sup>1</sup>

### Objective

To identify the available evidence on interventions to implement for early mobilization in adults/elderly hospitalized with pneumonia.

### Methods

A systematic review of effectiveness was carried out, following Cochrane guidelines<sup>3</sup>, to answer the question: "Which interventions ensure early mobilization in adults/elderly hospitalized with pneumonia?". Studies involving adults and elderly hospitalized with pneumonia were included, addressing interventions such as lifting, transferring, ambulation, and early mobilization. The databases consulted included CINAHL, MEDLINE, Scopus, Cochrane Library, CENTRAL, PEDro, OTseeker, and B-On. The protocol was registered in PROSPERO. The risk of bias was assessed with the RoB 2 tool and the quality of evidence with the GRADE approach.

### Results

Ten RCTs were analyzed, highlighting that early mobilization requires continuous training of healthcare teams, through in-person and/or online training, practical sessions, and systematic monitoring. The effective implementation of interventions includes detailed initial assessment, progressive mobilization adjusted to the patient's clinical condition, the use of specific exercises, and the application of monitoring scales. The active involvement of patients and families, through education and informative materials, proved to be fundamental for adherence to strategies. Adapting interventions to individual needs, combined with the use of assisted technologies and specialized equipment, favors functional recovery. Continuous monitoring and interdisciplinary meetings are essential to ensure the effectiveness and safety of the implemented interventions.

### Conclusion

Early mobilization in patients with pneumonia reduces complications associated with prolonged rest, promotes functional rehabilitation, and improves quality of life. The systematization of these interventions promotes functionality-centered care and contributes to the training of health professionals.

### Keywords

Adult, Elderly, Pneumonia, Early mobilization, Hospitalization.

**References**

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