

Abstract

Early Mobilisation in Severe Burn Patients

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Introduction. Severely burned patients admitted to the Intensive Care Unit represent a highly complex population characterized by hemodynamic instability, severe pain, high infection risk, prolonged sedation, and frequent need for invasive mechanical ventilation. Prolonged immobility increases the risk of complications such as ICU-acquired weakness, muscle loss, joint contractures, delirium, and long-term functional impairment. Early mobilization has been associated with improved clinical and functional outcomes; however, its implementation in burn ICUs remains challenging.

Methods. A qualitative study based on Interpretative Phenomenological Analysis (IPA) was conducted. Ten nurses working in the ICU of a hospital in Campania, Italy, participated in semi-structured interviews. Interviews were fully transcribed and analyzed to explore nurses' experiences and perceptions regarding early mobilization of severely burned patients.

Results. Common barriers emerged among participants, including difficulties related to severe patient pain, fear of compromising postoperative skin grafts, limited experience among newly recruited nurses, lack of specific training programs, insufficient availability of dedicated mobilization equipment, and limited collaboration between nurses and physiotherapists.

Discussion. Early mobilization of severely burned patients requires structured training, multidisciplinary collaboration, and adequate resources. It should be considered an integral component of a holistic care pathway aimed at improving patient safety and promoting functional recovery.

Keywords: Early Ambulation, Burns, Physical and Rehabilitative Therapies, Rehabilitation, Burn Patient

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