



#### ABSTRACT-

Intracerebral hemorrhage (ICH), the main subtype of stroke has the characteristics of acute onset, poor prognosis and high mortality. Early mobilization can reduce the incidence of complications in patients with ICH, improve their physiological functions and quality of life, and reduce health care costs. This review summarized and analyzed the related researches on early mobilization of ICH patients from several aspects (time to initiation, mobilization content, influencing factors and the effects of mobilization) to provide references for related researches and clinical practice. **Methods:** Literature review. **Results:** Based on the characteristics of ICH, moving too early may cause patients' blood pressure fluctuations, increasing the risk of rebleeding. Therefore, it is recommended that early mobilization onset time of patients with ICH should be at least 24 hours after bleeding is stable. The contents of early mobilization include maintaining correct position, assisting patients in passive activities, and guiding patients to active exercise and daily life ability training. The contents and intensity of the activity should be reasonably designed and implemented according to the patient's own situation and desires. Blood pressure and intracranial pressure are important factors influencing early mobilization of patients with ICH. Before starting activities, they should be controlled within an



#### Publication of speakers –

1. Stroke unit care benefits patients with intracerebral hemorrhage: systematic review and meta-analysis.
2. Clinical and psychological effects of early mobilization in patients treated in a neurologic ICU: a comparative study.
3. Early mobilization in the Neuro-ICU: how far can we go?
4. Safety and feasibility of a neuroscience critical care program to mobilize patients with primary intracerebral hemorrhage.
5. Very early mobilization after stroke fast-tracks return to walking: further results from the phase II AVERT randomized controlled trial.

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