Introduction:
The early mobilization program during intensive care hospitalization presents numerous benefits related to the outcome of the patient. The objective of this study is to evaluate the safety of the implementation of an early mobilization protocol within the first 24 hours of admission and its impact on high functional status of the ICU.

Methods:
Retrospective study, from March 2013 to May 2017, evaluating patients admitted to the Neurological ICU, assessing the hemodynamic, respiratory and neurological variables in patients submitted to the early mobilization program, consisting of progressive therapeutic activities, including sedestation and orthostatism assisted on the board and evaluated the impact on the functional status / degree of high muscle strength of the ICU.

Results:
From March 2013 to May 2017, 11,219 patients were admitted to a neurological intensive care unit, of whom 9,873 were included in the early mobilization program. The mean age of the patients was 66.5 years, with SAPS 3 of 43.98 points (estimated mortality risk of 22.3%) and real mortality of 11.2%.
During the program, 3% presented clinical instability, which was promptly reversed in all situations. Ninety-one percent of the patients presented maintenance or gain of muscle strength / functional status.

Conclusion:
The application of an early mobilization program within 24 hours of patient admission was shown to be safe, positively influencing the rehabilitation of neurological patients.