# Alberta Health Services

Critical Care Strategic Clinical Network<sup>™</sup>



### \*REVISED\* ELIGIBILITY CRITERIA

#### **Contraindications for Early Mobility**

#### Contraindications for In Bed Mobility •requires significant and / or escalating doses of vasopressors for hemodynamic stability • is experiencing acute cardiac event (unstable dysrhythmia, ischemia) •requires significant and /or escalating respiratory support. • is experiencing acute agitation posing an extreme safety risk • is experiencing major active bleeding

- Contraindications for <u>Out of Bed</u> Mobility • meets any contraindications for in bed mobility •has an unstable or high risk airway •requires neuromuscular paralytic agents has an acute neurologic event (e.g. stroke, intracerebral hemorrhage) • is experiencing uncontrolled pain despite intervention
- •has an unstable spine or extremity fracture •has a grave prognosis and is transitioning to comfort care
- •has an open abdomen with a risk for dehiscence •has an open chest

•has an order for "bedrest" with specific rationale

Any of the above will require reassessment for mobility every 12 hours **Contraindications to general ICU mobilization may pertain to in bed or out of** bed mobilization activities, or both. These exclusion criteria may be used in conjunction with individual site specific contraindications and will not supersede the use of sound clinical judgement.

# SAMPLE: DANGLE CHARTING

Mobility Dangle				
□ Show sessions log	New Session		» 📄	Ē
Include error sessions	2018-04-09 13:00	Refresh		
Dangle				
Mobility Aids	Other (Add Comment)	Patient Respo	NSE Tolerated Well	
Number of Staff Assisting	2	Comment		
Sit Balance	Able to Sit for 30 Seconds w			
Patient Assistance	Stand-by Assistance			
Time Dangling	5 <b>a</b> 💌 mi	n		*
				¥
			Save and Close	Save <u>C</u> ancel

Sample of charting a patient dangle based upon the previous screen mobility assessment.

# **MetaVision:** \*New\* mobility form (adults)

Thank you to the eCritical customization team and Mobility Working group for all of your hard work!

## MOBILITY ASSESSMENT Q12H

Mobility				
Mobilization	Jsment			
Assessment	Mobility Assessment is required at minimum Q12H to activate forms.	Fall Risk Assessment		
In-Bed Mobilizatio			Physical Assessment       Safety Plus       Lines       Physical Assessment	
			Safety Plus Lines Lines Lines Date/Colour Change N/A	Ou
In Bed Definition??	Passive ROM	Active ROM	Neuro         Gestrointestinel           Basic Neurological Assessment         ICDSC         Neuro Lines and Drains         Gastrointestine Assessment	
Out of Bed Mobili	zation		Pain         RASS and Sportaneous Awalening Titial         Paient Controlled Analgesia         Paient Epidural         Regional Nerve Blocks         Genitourinary Assessment	
Out of Bed Definition ??	Dangle	Pivot Transfer	Date/Colour Change N/A Cardiovascular	
Other Documente	ition Forms		Cardiovascular Assessment     ECG Strip Analysis and Monitoring     Chest Pain Assessment     Skin Assessment     Woundland Drain Sum       2018-04-09 14-24-00	
	Mobilization		Respiratory Assessment Summary 2018-04-09 13:00:00	
Pain	Complete		Lancel	
				¥
				ancel

Provincial practice expectation: Assess & document mobility q12h and prn. Mobility form now available in physical assessment view and in tab view.

### MOBILITY FORM "ACTIVATED"

Mobility					
Mobilization Assessment					
Assessment 2018-04-09 13:00:00	Fall Risk Assessment				
In-Bed Mobilization					
In Bed Definition??	DM Active ROM	Resisted Exercise	Total Transfer		
Out of Bed Mobilization					
Out of Bed Definition ?? 2018-04-09		Progressive Ambulation	Independent		
Other Documentation Forms					
Pain Mobilizatio	in a				*
					¥
				<u>C</u> ance	el l

Once an assessment is charted, you have access to document in-bed or out of bed activities. You can access all of the forms, not just what you assessed for.

This view demonstrates the mobility assessment summary, daily counts, and max mobility achieved (captured as "in-bed" or "out of bed" only)



bility Assessment							
Show sessions log	New Session						
Include error sessions	2018-04-09 13:00	F	Refresh				
Bed Mobility							
	Mobilization Exclusion Criteria Met	🗆 Yes	🗹 No	Minimum Mobility Expectations (3 Mobility Events in 24 Hours)			
Cognition	Do They Respond to Directions? (verbal directions or physical & tactile	🗹 Yes	🗆 No	Passive ROM			
Strength	Do They have the Strength to Move Their Limbs Against Gravity?	🗹 Yes	🗆 No	Assisted Active ROM			
Trunk Control	<u>Can they sit unsupported in a bed</u> <u>chair?</u>	🗹 Yes	🗆 No	Consider resisted exercise.Have them participate in ADLs.			
of Bed Mobility							
Balance	Can They Stand at Bedside?	🗆 Yes	No No	<u>Sit at edge of bed (e.g. dangle). Total lift</u> to transfer patient to chair.			
Gait	Can They Weight Shift While Standing and March on the Spot?	🗆 Yes	🗆 No	Pivot Transfer to Chair ROM			
	Can they mobilize independently?	🗆 Yes	🗆 No	Progressive Ambulation ROM			
				Independent			
rmation							
Mobility Contraindication			Minimum M Assessed	1 obility In Bed Mobility Out of Bed Mobility			
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Mobility assessment form in MetaVision reflects the provincial Mobility **Readiness Tool (can view readiness tool here via linked purple button)** 

#### MOBILITY DASHBOARD

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je	Decision for Transfer	Printable Reports QA O	nly Tools Help											
	Mission Assessment	Pain Goa	Is Weight	Discharge Nursing Death Handover	Calculator Add a		Change ADU Layout PED Layo		arch Refresh	CO Logout				
Vital Gra	Signs Quick View	Goals Patient Care Tasks	Mobilization Events Proceed	and Intake and Fluid	Balance Lines Tubes Drains	Lines Safety/Neur Assessments Pain/Sed	<sup>o/</sup> Cardiovascular Respi	ratory GI/GU M.	Glucose CRRT	IHD/PD/ Integume MARS/TPE Muscul	nt / Wounds and Drains	Lab Micro and Patho	ECLS/ Centrifugal	< ► 1/2
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Ì	AHS					Mobilization Dash	board		<mark>. 14</mark>					
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