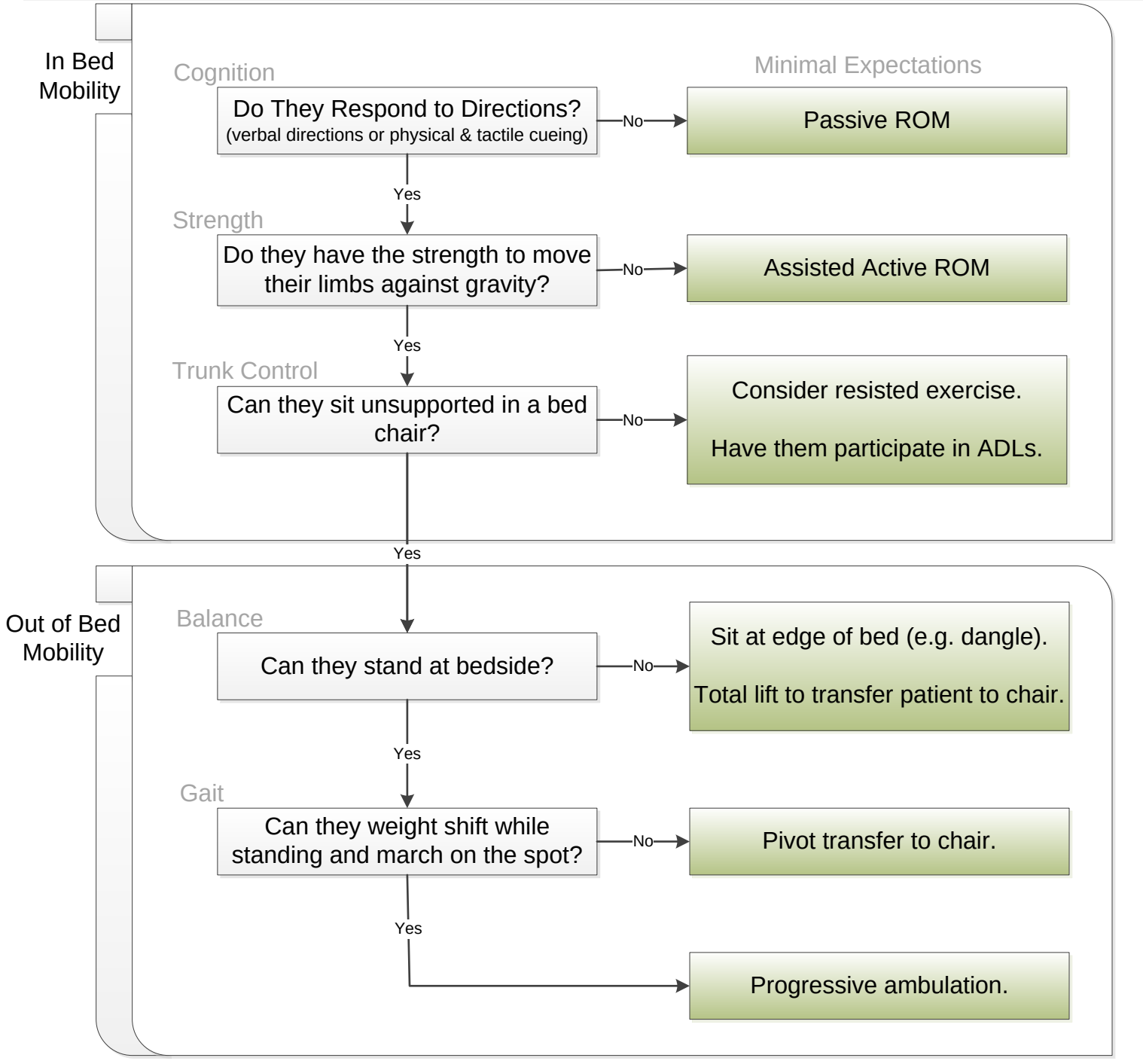
Alberta Health Services
Critical Care Strategic Clinical Network™

Readiness for Safe Mobilization

If your patient meets exclusion criteria (see reverse), do not mobilize. *Reassess every 12 hours*



Targets

- Assess mobility ASAP after patient admission (PT/OT/RN shared responsibility)
- Optimize patient to target RASS to enhance readiness to mobilize.
- **Goal is 3 mobility events per day (morning, afternoon, evening)**
- **Coordinate with multidisciplinary team – create and communicate goal. Discuss daily.**
- **Falls Risk Management strategies should be implemented on all patients, with a falls risk assessment completed daily and prior to any out of bed mobilization events.**
- Consult PT and/or OT for assistance with complex mobility scenarios (gait aides, mobility concerns, etc.)
- Re-evaluate daily and establish plan for progression.
- Document assessment, goal and mobilization appropriately.

Mobility Contraindications

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 Out of Bed 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.

Definitions/Examples

Passive Range of Motion (ROM) means you move their limbs for comfort, skin and joint health. You do all the work. **Example:** Usually this is manual. Flex and extend elbows, hips and ankles as appropriate. PTs can provide advanced options such as functional electrical stimulation (FES) or continuous passive mobilization (CPM).

Notes: Be gentle with shoulders (rotator cuffs) and be cautious with patients on paralytics (joint protection).

Assisted Active ROM means you help with movements but the patient is using their muscles. You're the helper. **Example:** The patient pulls their knees toward their chest … you help take some of the weight of the leg and control the movement. Options such as pulleys, FES, eBike, and others can be used at this stage

Notes: The focus is on active patient participation. Consider trying basic ADLs such as face washing as an exercise.

Resisted Exercise means the patient does all the work and we add resistance to enhance the effort required. **Example:** The patient performs exercise against the resistance (e.g. therabands, a yard stick, putty, saline bags, dumbells). Important functional activities such as bridging and core strength exercises can be helpful.

Notes: Tailor the exercise to the tolerance of the patient and encourage successes/progression.

Pivot Transfer means the patient carries their weight as they shift to a chair or bed without moving their feet. **Example:** The patient may place their hands on your shoulders and rotate from the bed to a chair beside the bed. **Notes:** Provide assistance and use equipment (e.g. sling and track) as the patient needs.

Progressive ambulation means the patient starts with steps in a safe environment and advances toward walking. **Example:** The patient takes some steps supported by an overhead sling. Eventually when they can carry their weight, their balance is sufficient, and they can advance their feet, they may walk with a transfer belt and a walker on the unit.

Notes: Work with your team (PTs, OTs, RTs, others). That said mobility in the ICU falls within the RN's scope of care.

Be aware of falls risk management strategies.