ICU patients can go from passive fragility to the same physical capacities they had before their illness — with progressive mobility protocols.¹ And nurses play a frontline role in empowering patients.

**Mobilize early, mobilize progressively**

Patients should be assessed within 48 hours of admission to the unit.² These initial evaluations determine the right mobilization. The sooner a patient gets moving after admission, the sooner caregivers can stave off:

- Muscle weakness
- Long-term neurocognitive disability
- Other ICU-acquired infirmities that comprise post-intensive care syndrome (PICS)³

**Protecting patients, together**

Multidisciplinary teams closely supervise every aspect of the mobility process.⁴ To graduate from passive to active exercises (Level 1 to Level 2 mobility), patients’ vitals must fall within certain ranges. Depending on the institution, these metrics can vary, but they all serve the same purpose — keeping patients safe.⁵
### Mobility levels

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
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<tr>
<td>- Passive ROM</td>
<td>- PT consultation</td>
<td>- Sit-to-stand and static standing at bedside</td>
<td>- Ambulation</td>
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<td>- Passive bed cycling</td>
<td>- Sitting on edge of bed</td>
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<td>- q2hr turning</td>
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<td>- Pivot transfer bed to chair</td>
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<td>- Passive or active leg and/or arm cycling in bed or chair</td>
<td>- ADL training</td>
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<td>- Active ROM exercises</td>
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<td>- q2hr turning</td>
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</table>

### Early mobility assessment<sup>1</sup>

Evaluate for early mobility within 48 hours of ICU admission. If the patient meets all the following criteria, mobilize at Level 2. If the patient fails to meet all the following criteria, mobilize at Level 1.

- RASS > -3
- MAP > 55 and < 140 mmHg
- SBP > 90 and < 200 mmHg
- PEEP < 10/15 cmH<sub>2</sub>O
- HR > 50/60 and < 120/140 bpm
- RR > 5/10 and < 30/25/35/40/45 bpm
- ICP < 15 mmHg
- Sa<sub>O2</sub> > 90%
- FiO<sub>2</sub> < 0.6/0.7/0.85
- SpO<sub>2</sub> > 88%
- PaO<sub>2</sub>/FiO<sub>2</sub> > 250
- Arterial pH > 7.25
- No new:
  - Vasopressor infusion
  - Arrhythmia
  - Ischemia
  - DVT
  - PE

<sup>1</sup> When patients can tolerate activity while meeting early mobility assessment criteria, you can advance them to the next level of movement.

<sup>‡</sup> Early mobility assessments often contain subtle variations and nuances, depending on the issuing medical institution. In the absence of a consensus document, caretakers should adhere to their individual ICU guidelines.<sup>1</sup>

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