



# NURTURE ACTIVITY. BUILD ON EACH STEP. **EMPOWER YOUR ICU PATIENTS.**

Your guide to progressive mobility

ICU patients can go from passive fragility to the same physical capacities they had before their illness — with progressive mobility protocols.<sup>1</sup> 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.<sup>2</sup> 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)<sup>3</sup>

## Protecting patients, together

Multidisciplinary teams closely supervise every aspect of the mobility process.<sup>4</sup> 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.<sup>5</sup>

## Mobility levels

	Level 1	Level 2	Level 3	Level 4
Activities <sup>†</sup>	<ul style="list-style-type: none"> <li>▪ Passive ROM</li> <li>▪ Passive bed cycling</li> <li>▪ q2hr turning</li> </ul>	<ul style="list-style-type: none"> <li>▪ PT consultation</li> <li>▪ Sitting on edge of bed</li> <li>▪ Resistance training</li> <li>▪ Passive or active leg and/or arm cycling in bed or chair</li> <li>▪ Active ROM exercises</li> <li>▪ q2hr turning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sit-to-stand and static standing at bedside</li> <li>▪ Moving legs against gravity</li> <li>▪ Pivot transfer bed to chair</li> <li>▪ ADL training</li> <li>▪ q2hr turning (self or assisted)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ambulation</li> <li>▪ Strength building</li> <li>▪ Gait training</li> <li>▪ q2hr turning (self or assisted)</li> </ul>

## Early mobility assessment<sup>‡</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
- SaO<sub>2</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>†</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>5</sup>

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4. Sommers J, Engelbert RH, Dettling-Ihnenfeldt D, et al. Physiotherapy in the intensive care unit: an evidence-based, expert driven, practical statement and rehabilitation recommendations. *Clin Rehabil*. 2015;29(11):1051–1063.
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