Accelerated Improvement

Progressive Mobility

Out of Bed
How did we get there?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drafted Early Mobility Policy</td>
<td>Apr. 2012</td>
</tr>
<tr>
<td>Dedicated PT 4hrs/day M–F with a PT aide</td>
<td>Apr. 2012</td>
</tr>
<tr>
<td>Training PT Staff</td>
<td>On–going</td>
</tr>
<tr>
<td>Equipment</td>
<td>Variety</td>
</tr>
<tr>
<td>Educating/working with MDs/RNs/RTs/RDs/case</td>
<td>Attend rounds</td>
</tr>
<tr>
<td>management</td>
<td>daily M–F</td>
</tr>
</tbody>
</table>
“ICU Progressive Mobility” Protocol

MD order is needed to initiate progressive mobility prior to implementation of levels II and III in conjunction with an order for PT evaluation and treatment.

- **Level I:** Movement in bed, supine, RN responsibility
- **Level II:** Move to chair, RN/PT responsibility
- **Level III:** Move to ambulate, RN/PT responsibility
ICU Mobility Protocol

- **LEVEL I (Move in Bed)**
  - Repositioning / turning in bed every 2 hours.
  - ROM to all extremities (PROM / AAROM / AROM).
  - Elevation of HOB to 30 degrees at all times for intubated patients for aspiration precautions.
ICU Mobility Protocol

• LEVEL II (Move to chair / cardiac chair)

  • Goal is to have patient sit in a chair 2/day.
  • HOB elevated 45 – 65 degrees for 5-10 minutes.
  • Dangle 5-10 minutes with non-intubated patients.
  • Monitor vitals with each positional change. STOP if patient is orthostatic.
  • Reposition patient every 30 minutes while up in a chair to prevent skin breakdown.
ICU Mobility Protocol

- Level III (Move to ambulate)
  - Intubated patients need an ambulation team of RN, PT and RT

- Pre-ambulation “Time-Out” checklist needs to be performed and signed by each therapist and nurse.

- Non-intubated patients can skip Level II and proceed to ambulation, as tolerated, IF:
  1) Patient is not orthostatic AND
  2) Exclusion criteria are not met
Exclusion Criteria Assessment

- Altered level of consciousness or unable to follow commands  
  Yes / No  
  Yes / No

Sedation
- a. RASS less than negative 1 (-1)
  Yes / No  
  Yes / No
- b. Last sedation medication less than 6 hours
  Yes / No  
  Yes / No

Cervical or spinal precautions ordered  
Yes / No  
Yes / No

Any one of the following vital signs:
- a. MAP less than 65
  Yes / No  
  Yes / No
- b. HR less than 50 beats per minute or greater than 100 beats with perfusion symptoms (dizziness, confusion, chest pain/pressure, new onset ectopy)
  Yes / No  
  Yes / No
- c. Saturations less 92%
  Yes / No  
  Yes / No

Dyspnea  
Yes / No  
Yes / No

For patients on a ventilator
- a. Physician documentation of lobar collapse or atelectasis.
- b. Excessive secretions
- c. FIO2 greater than 50%
- d. PEEP greater than 10
- e. Saturations less than 92% at rest or less than 88% with activity requiring increase in oxygen administration
  Yes / No  
  Yes / No

Chest Pain  
Yes / No  
Yes / No

Severe orthopedic or unstable spinal problems  
Yes / No  
Yes / No

Critical electrolyte values needing correction or in the process of being corrected  
Yes / No  
Yes / No

INR greater than 3  
Yes / No  
Yes / No

Initials
Quick Case Study

- 71 y.o. male had a cardiac arrest, CPR performed
- Admitted to ICU, intubated, placed on hypothermia protocol
- Medical Hx: DM, CAD s/p CABG, kidney disease stage 3, HTN, obesity, L ventricular dysfunction
- Medical procedures while in ICU
  - Pacemaker implantation
  - Coronary stent placement
  - Tracheostomy, tolerating Passy-Muir valve intermittently
Quick Case Study

**Progressive Mobility Started**
- Level I (Movement in bed) implemented.
- Lift coaches utilized for repositioning in bed.
- Consistent PT staff involvement in daily rounds.

**Progression of Mobility to Chair**
- Level II started once medically stable and no exclusion criteria were met.
- PT intervention included transfer training, pre-gait training, therapeutic exercises.
- Mobility initiated to cardiac chair via supine slide.
- Sit to stand machines used for transfers and lower extremity weight bearing.
- Lift coaches utilized as needed by RN or PT staff.

**Progression to Ambulation**
- Patient tolerated taking few steps with a front wheel walker.
- Patient able to stand and pivot to a chair.
- Patient able to tolerate about 1.5 hrs up in a chair, 2/day.