

## Mobilisation in Critical Care

Aim To provide guidance on early, nurse-led mobilisation of patients in Critical Care Scope All adult patients in Critical Care

#### Assess suitability for mobilisation at start of every shift

### Are there any contraindications to mobilisation?

- Active bleeding
- Acute cardiac ischaemia
- Neuromuscular blocking drugs
- Unstable spine or other fracture with mobilisation contraindicated
- RR < 5 or > 40 breaths per minute
- MABP < 65mmHg or HR < 40bpm</li>
- Intra-aortic balloon pump
- RRT that cannot be paused (esp. if femoral line)
- Significant or rising dose of vasopressor (eg >0.2mcg/kg/min noradrenaline)
- Mechanically ventilated with FiO<sub>2</sub>>0.8 and/or PEEP
   >12 cmH<sub>2</sub>0 or acutely worsening respiratory failure.

Yes

Seek medical advice before mobilisation

No



# Has the patient already been mobilised by physiotherapy in Critical Care?

- Check physiotherapy progress notes on CIS
  - Check the bedside rehabilitation board

Yes

Follow established physiotherapy mobility plan

No

Follow Nurse-Led Mobility Protocol (see overleaf)

Version: 1 | Date: 11 Nov 16 | Revision Due: 11 Nov 19 | Author: S Calvert, Lead Physiotherapist for Critical Care
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#### **Nurse-Led Mobility Protocol**

Consider pre-admission mobility and use of aids. Consider impact of recent injury or surgery.

Is the patient able to follow No instructions and perform a straight leg raise (lift one leg at a time off the bed)? Yes With two staff, sit the No patient on the edge of their bed. Are they able to sit up unsupported? Yes Are they able to maintain a Consider hoist or Try Encore No No standing position with stretch chair Standaid. minimal support from staff transfer +/-Able to stand or a walking aid? **MOTOmed** for 30 sec? Yes Yes Are they able to step on the Transfer to a No spot with or without use of chair using a walking aid? **Encore Standaid** Yes

Refer to physio (bleep 1616) if not the patient's usual level of mobility



Step transfer to a chair