

# 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
- 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>O 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)**

## 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 instructions **and** perform a straight leg raise (lift one leg at a time off the bed)?

No

Yes

With two staff, sit the patient on the edge of their bed. Are they able to sit up unsupported?

No

Yes

Are they able to maintain a standing position with minimal support from staff or a walking aid?

No

Try Encore Standaaid.  
Able to stand for 30 sec?

No

Yes

Consider hoist or stretch chair transfer +/- MOTomed

Are they able to step on the spot with or without use of a walking aid?

No

Transfer to a chair using Encore Standaaid

Yes

Step transfer to a chair

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