

Mobilisation in Critical Care

Aim To provide guidance on early, nurse-led mobilisation of patients in Critical Care and guidance on use of MOTomed®

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 FiO₂>0.8 and/or PEEP >12 cmH₂O 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)

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MOTomed Provided by Lakshman Thuraisingham

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Nurse-Led Mobility Protocol

Consider pre-admission mobility and use of aids.
Consider impact of recent injury or surgery. Assess patients mental capacity and document.

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 Standaid.
Able to stand for 30 sec?

No

Consider hoist or stretch chair transfer +/- MOTomed

Yes

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

No

Yes

Transfer to a chair using Encore Standaid

Yes

Step transfer to a chair

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

All critical care patients should be assessed to use MOTOMed®

- Assess Physiological stability for MOTOMed 6 hourly
- Risk assess use of MOTOMed
- Correctly set up and manage use of MOTOMed

Not appropriate for MOTOMed if:

- SpO2 \leq 87%
- FiO2 $>$ 75%
- RR $>$ 28bpm
- HR $>$ 120bpm or $<$ 60bpm
- BP systolic $<$ 90 or $>$ 160mmHg
- Temperature $>$ 38.0°C
- Pain Score $>$ 1
- Paralysed with neuromuscular block within last 24-48 hrs.
- Oedematous++ and risk of skin damage
- Agitation++
- Neurological Condition e.g. Guillian-Barré, Spinal Cord Injury

Assessed as NOT Appropriate

- **Do NOT use MOTOMed**
- **Discuss with Physiotherapy or Medical Team**
- **Reassess 6 hourly**

Appropriate for MOTOMed if:

- SpO2 \geq 88%
- FiO2 $<$ 75%
- RR 12-28bpm
- HR 60-120bpm
- BP systolic 90-160mmHg
- Temperature 36°C-37.9°C
- Pain Score \leq 1

Assessed as physiologically stable and Appropriate

- **Assess patient's capacity to give informed consent**
- **If able, gain informed consent to use MOTOMed**
- **If unable, assess best interests decision to use MOTOMed**

If patient is Physiologically stable and consent has been established, use MOTOMed

****Please contact the Critical Care Physiotherapy Team on bleep 1616 , if you have any further questions or need help setting up****