NORTH CAROLINA BAPTIST HOSPITAL DEPARTMENT OF NURSING POLICY AND PROCEDURE BULLETIN

PREPARED BY: Mobility Task Force

SUBJECT: Adult Mobility/Ambulation Protocol

I. POLICY:

It is the policy of North Carolina Baptist Hospital that all patients who are eligible to be out of bed are mobilized or ambulated at least twice a day.

II. <u>PURPOSE</u>:

The purpose of this policy is to maintain or improve the patient's preadmission mobility/ambulation function and prevent complications associated with immobility.

III. PROCEDURES:

A. PROVIDER ORDERS

- 1. All adult order sets will contain a preselected standard activity order "Mobility protocol bid" unless contraindicated.
- 2. If the patient requires bed rest, the provider will deselect "Mobility protocol bid" and select "Bed rest" or "Time limited bed rest."
- 3. If "Bed rest" is selected, the provider is prompted to document the rationale for bed rest.
 - a. "Time limited bed rest" is selected for those patients who need to be restricted for a specified period of time while being evaluated. Once this time expires, the order would default to the mobility protocol, unless otherwise indicated by the provider.

B. PHYSICAL AND OCCUPATIONAL THERAPY

- 1. Providers should consult Physical and/or Occupational Therapy when skilled therapy is warranted
 - a. Physical Therapy addresses impaired functional mobility
 - b. Occupational Therapy addresses diminished self-care function
 - c. Therapy involvement is indicated when the functional decline is new to this episode of care and is not due primarily to a temporary acute medical issue or pain.

- 2. The therapist completes an evaluation and develops an individualized plan of care.
- 3. The therapist communicates and collaborates with nursing to optimize team efforts to improve the patient's functional status.
- 4. In addition to direct care, therapists serve in a consultative role as a resource in terms of:
 - a. Appropriate use of assistive devices for mobility and self-care
 - b. Strategies to improve performance/safety in mobility and self-care
 - c. Appropriate utilization of therapy services

C. ADULT INPATIENT NURSING PROCEDURE

- 1. All patients are assessed for preadmission mobility/ambulatory and functional status upon admission.
- 2. All patients are out of bed (OOB) **at least** twice a day unless contraindicated, per provider order, or meeting Inclusion/Exclusion Criteria.
- 3. <u>General Nursing Units</u>. Nurses perform an assessment to determine the patient's functional status and ability to mobilize/ambulate within 24 hours of admission and daily.
- 4. <u>Critical Care Units</u>. Nurses perform an assessment to determine if the patient meets Inclusion/Exclusion Criteria at six hours after admission to the unit and every 6 hours thereafter.
- 5. Patient Activity
 - a. All Adult Medicine and Critical Care Patients
 - i. Patients out of bed at least twice a day
 - ii. Out of bed to a chair for the non-ambulatory patients
 - iii. Ambulate twice a day for all other patients
 - b. All Post Surgical Patients: Activity based on the Post-operative day (POD)
 - i. POD 0: (Day of surgery) Dangle on side of bed if the patient arrives to the unit prior to 17:00
 - ii. POD 1: Out of bed to chair twice a day
 - iii. POD 2 and thereafter: Ambulate at least twice a day
- 6. Temporarily hold out of bed activity if any of the following occur
 - a. Change in baseline status and meets one or more exclusion criteria
 - b. Requires evaluation by Rapid Response
 - c. Experiencing an acute episodic event (i.e. vomiting)

- 7. Electronically document the patient's activity in the mobility flow sheet.
- 8. The Safe Patient Handling and Movement Policy (NCBH-PPB-NSG-340) is followed when mobilizing/ambulating all patients.

D. MOBILITY CRITERIA:

1. <u>INCLUSION CRITERIA</u>

- a. All Adult Patients
- b. Patients mechanically ventilated who do not have a tracheostomy must be cooperative enough to follow commands prior to mobility.

2. **EXCLUSION CRITERIA**

- a. Physiologic Instability Criteria
 - i. Heart rate <40 bpm or >130 bpm
 - ii. SBP < 85mmHg or > 200mmHg
 - iii. New/Unstable arrhythmia
 - iv. $O_2Sat < 90\%$ with supplemental O_2
 - v. $F_iO_2 > 0.6$
 - vi. RR > 35 breaths/min for > 30 minutes
- **b.** Specific Patient Populations
 - i. New EKG changes/elevated cardiac enzymes
 - ii. PTT > 100, INR > 5, Platelets < 10K
 - iii. Open abdominal fascia
 - iv. Uncooperative or unable to safely participate in activity
 - v. CRRT
 - vi. Patients with possible spine trauma without documented spine precautions/activity restrictions
 - vii. Intra-cranial pressure monitoring or drain
 - viii. Endovascular patients for the first 48 hours
 - ix. Presence of femoral sheath and/or femoral hemodialysis catheter
 - x. Thrombolytic administration (i.e. TPA)

3. **STOP CRITERION**

Mobility is stopped and the patient placed back to bed if he/she has a sustained decline from his/her baseline status or is not tolerating mobilizing/ambulating.

4. **REASSESSMENT**

- a. General Medical Surgical Unit patient reassessment for ambulation/mobility occurs within 24 hours if patient meets any exclusion criteria.
- b. ICU patient reassessment for ambulation/mobility occurs within 12 hours if the patient meets any exclusion criteria.

References:

Safe Patient Handling and Movement Policy (NCBH-PPB-NSG-340)

Scope of Assessments and Definitions, Physical/Occupational Therapy Department Policy (PPB-PT/OT_AD-1.1)

Inpatient and Outpatient Referral Policy, Physical/Occupational Therapy Department Policy (PPB-NCBH-PT/OT-AD-20)