

Before you start:

Have a clear plan, set up the environment, know what signs and symptoms you are watching for. Review the chart, check the orders and check in with the team.

Pre-mobility	During Mobility	Post Mobility
<p>Review chart</p> <ul style="list-style-type: none"> <input type="checkbox"/> Orders <input type="checkbox"/> Lab and DI results <input type="checkbox"/> Multidisciplinary documentation <input type="checkbox"/> Medications, vital signs, and patient state <input type="checkbox"/> Oxygen delivery device and current settings and FiO₂ <p>Collaborate</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient and/or family <ul style="list-style-type: none"> <input type="checkbox"/> Consent <input type="checkbox"/> Goals <input type="checkbox"/> Best time <input type="checkbox"/> Registered Nurse <ul style="list-style-type: none"> <input type="checkbox"/> Big picture and trends over the past 24 hours <input type="checkbox"/> Physician <ul style="list-style-type: none"> <input type="checkbox"/> Order clarification (if required) <input type="checkbox"/> Respiratory Therapist <ul style="list-style-type: none"> <input type="checkbox"/> Portable O₂ delivery for mobilization (if applicable) <p>Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure all necessary equipment is brought to the bedside <ul style="list-style-type: none"> <input type="checkbox"/> Portable oxygen tank <input type="checkbox"/> Alternative oxygen delivery device <input type="checkbox"/> Portable vital signs monitor <input type="checkbox"/> Patient clothing e.g. slippers, house coat, gown <input type="checkbox"/> Chair (w/c, cardiac or geri chair etc) <input type="checkbox"/> Transfer belt, walking sling, sling for total lift for return to bed, gait aid <p>Tubes, lines & drains</p> <ul style="list-style-type: none"> <input type="checkbox"/> All dressings/devices in place, appropriately applied, and in good condition <input type="checkbox"/> Slack towards the patient <p>Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assign roles and responsibilities to multidisciplinary team <ul style="list-style-type: none"> <input type="checkbox"/> Physically assisting patient <input type="checkbox"/> Monitoring equipment <input type="checkbox"/> Monitoring patient vitals 	<p>Monitor patient</p> <ul style="list-style-type: none"> <input type="checkbox"/> Watch for indications of poor activity tolerance <ul style="list-style-type: none"> <input type="checkbox"/> Increased WOB, increased accessory respiratory muscle use, bronchospasm <input type="checkbox"/> Diaphoresis, pallor <input type="checkbox"/> Appearance of panic or anxiety <input type="checkbox"/> Postural or gait changes for cues of fatigue <input type="checkbox"/> Consider using an exertion of dyspnea scale with your patient <p>Monitor vital signs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure meeting goals, ensure a good quality signal is present <ul style="list-style-type: none"> <input type="checkbox"/> BP and MAP <input type="checkbox"/> HR <input type="checkbox"/> RR (could be more easily found on ventilator if applicable) <input type="checkbox"/> SpO₂ <p>Tubes, lines & drains</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure adequate slack on the lines/tubes/drains at all times <p>Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Talk to the patient and the rest of the multidisciplinary team <ul style="list-style-type: none"> <input type="checkbox"/> Plans for treatment <input type="checkbox"/> Patient tolerance <input type="checkbox"/> Encouragement and reassurance 	<p>Ensure patient comfort and safety</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safe <ul style="list-style-type: none"> <input type="checkbox"/> Call bell in reach <input type="checkbox"/> Safety alarms (re-)activated <input type="checkbox"/> No signs of distress <input type="checkbox"/> Physically comfortable <ul style="list-style-type: none"> <input type="checkbox"/> Personal belongings, water, etc., in reach <input type="checkbox"/> Needs anything (bedpan/commode, etc.) <p>Monitor vital signs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vital signs are stable/meeting goals; ensure good quality signal of monitoring equipment <ul style="list-style-type: none"> <input type="checkbox"/> BP and MAP <input type="checkbox"/> HR <input type="checkbox"/> RR (could be more easily found on ventilator if applicable) <input type="checkbox"/> SpO₂ <p>Tubes, lines & drains</p> <ul style="list-style-type: none"> <input type="checkbox"/> No kinks/obstructions/tension <input type="checkbox"/> Plugged in <ul style="list-style-type: none"> <input type="checkbox"/> Electrical outlet <input type="checkbox"/> Suction <input type="checkbox"/> Wall O₂ flow meter <input type="checkbox"/> Vital signs – in room monitor <p>Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Document the session <input type="checkbox"/> Debrief with patient <input type="checkbox"/> Report to team as appropriate: <ul style="list-style-type: none"> <input type="checkbox"/> Patient tolerance <input type="checkbox"/> Concerns <input type="checkbox"/> Changes to: <ul style="list-style-type: none"> <input type="checkbox"/> O₂ flow rate <input type="checkbox"/> Patient position <input type="checkbox"/> Removal of restraints/alarms <input type="checkbox"/> Create a plan or goal for the next session

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Pre-Mobility

- Review chart (Metavision and any other relevant charts, i.e. SCM, paper chart)**
 - Orders
 - Activity and rehabilitation orders
 - Pending lab work and DI
 - Lab and DI Results (see Lab Value Cheat Sheet for important labs to watch out for)
 - Multidisciplinary Documentation
 - Medications (current dose or last PRN given)
 - Medication orders including goals to meet for continuous infusions (ie. RASS goal for sedatives, MAP for inotropes and pressors)
 - Sedatives (continuous infusions and PRN)
 - Inotropes/Vasopressors (continuous infusions)
 - Analgesics (continuous infusions and PRN)
 - Vital signs and patient state
 - BP and MAP
 - HR
 - SpO₂
 - RR
 - Lines, tubes, drains (see Lines, Tubes & Drains cheat sheet)
 - Current level of consciousness / sedation
 - Oxygen delivery device and current settings and FiO₂
- Collaborate with relevant members of the multidisciplinary team**
 - Bedside nurse – get a general picture of how the patient has been doing, current treatment and investigation plans, coordinate time for rehab, including trends over the past 24 hours
 - Doctor/Resident/Nurse Practitioner (if applicable) – to get clarity on orders, plans and patients current state, discuss possible rehab treatment options
 - Respiratory Therapy (if applicable) – may need to coordinate if requiring portable vent or bagging for mobility, discuss possible rehab treatment options, discuss stability of advanced airway, discuss alternative oxygen delivery devices to facilitate mobility; ask about O₂ weaning protocols; ask about pending blood gases
- Collaborate with patient and/or family**
 - To determine optimal time for maximum participation with mobility
 - To discuss patient goals and proposed rehab treatment plans
- Collect all necessary equipment for mobility**
 - Portable oxygen tank
 - Alternative oxygen delivery device
 - Portable vital signs monitor
- Patient clothing (ie. slippers, house coat, gown etc.)
- Chair (w/c, cardiac or geri chair etc)
- Transfer belt, walking sling, sling for total lift for return to bed, gait aid
- Assess and organize all lines/tubes/drains**
 - All dressings/devices to hold in place are appropriately applied and in good condition
 - Allow for slack towards the patient to ensure they are not pulling at the point of insertion
- Assign roles and responsibilities to multidisciplinary team** including who is physically assisting the patient, who will bring equipment such as IV pole, oxygen tank and oxygen delivery device, chair etc.

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During Mobility

- Watch the patient for signs and symptoms of poor tolerance to activity**
 - i.e. increased WOB, diaphoresis, pallor, increased accessory respiratory muscle use, bronchospasm, appearance of panic or anxiety, postural or gait changes for cues of fatigue

- Watch the vital signs monitor to ensure meeting goals, ensure a good quality signal is present**
 - BP and MAP
 - HR
 - RR (could be more easily found on ventilator if applicable)
 - SpO₂

- Mind the lines/tubes/drains**
 - Ensure adequate slack on the lines/tubes/drains at all times

- Communicate regularly with the patient and the rest of the multidisciplinary team**
 - Plans for treatment
 - Patient tolerance
 - Encouragement and reassurance

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Post Mobility

- Ensure patient comfort and safety**
 - Physically comfortable in the position the patient is in
 - Safe in the position they are left in including access to call bell, suction, personal belongings etc, safety alarms activated, restraints applied if ordered
 - Ask if the patient has to use the washroom or needs anything prior to leaving the room
 - Not showing signs of distress
- Vital signs are stable/meeting goals**
 - BP and MAP
 - HR
 - RR
 - SpO₂
- All lines/tubes/drains returned to original state**
 - Plug in powered devices such as IV pumps, feeding pumps, wound vacs etc
 - Plug back in to suction such as pleurovacs, OG/NG etc
 - Oxygen reattached to wall flow meter and flow meter turned on
 - Stationary/in-room vitals signs monitoring system reactivated
- Communicate with appropriate multidisciplinary team members regarding**
 - Patient tolerance to activity
 - Changes made to oxygen flow rate
 - Changes to patient position (ie. left up in chair instead of returned to bed)
 - If restrained or unrestrained, safety alarms armed and other safety measures taken

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