VANDERBILT UNIVERSITY
MEDICAL CENTER
DIVISION OF ACUTE CARE SURGERY

Surgical Intensive Care Unit Mobility Practice Management Guideline

I. Purpose

To utilize a multi-disciplinary approach to the mobilization of critically ill patients in the Surgical Intensive Care Unit

II. Recommendation

The Society of Critical Care Medicine's (SCCM) Pain, Agitation and Delirium (PAD) Guidelines[3] recommend a focus on analgesia and a reduction in use of sedative medications along with routine delirium monitoring.

III. Process

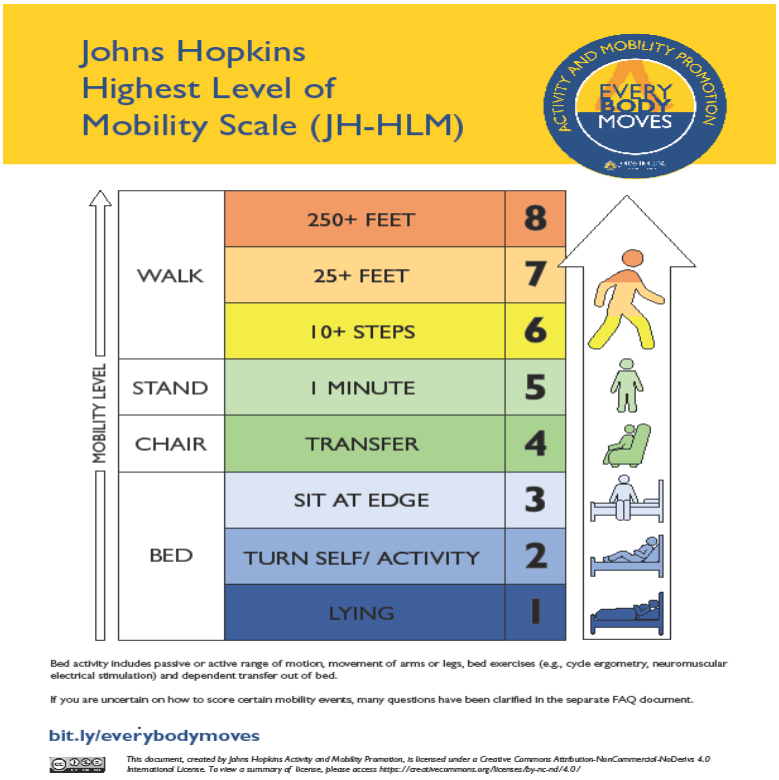
Upon the start of each shift, the nurse will refer to the Safety Screen below to evaluate the patient's appropriateness for mobilization.

- Neuro: Brain death, ICP >15, active seizure, neuromuscular blockade, spinal cord injury
- Cardiovascular: Infusion of two or more vasopressors, MAP <65, SBP <90 or >170, active myocardial infarction or unstable arrhythmia
- Respiratory: Unstable airway, Ventilator FiO2 >70%, PEEP > 15, Bi-vent or VDR settings
- Miscellaneous: Comfort Care, presence of femoral sheath, order for bedrest

The nurse will communicate the pass or fail of the Safety Screen during multi-disciplinary rounds. The Critical Care team, during rounds, will verbalize a mobility goal for the patient, but ultimately defer the end goal based on PT/OT evaluation or nursing assessment. Nursing staff and PT/OT will document the patient's achieved mobility via the Johns Hopkins-Highest Level of Mobility Scale.

Starting at Level One, the bedside team will progress the patient in a step-like manner up the mobility scale towards the goal established during rounds. Bedside staff will utilize the SICU Early Mobility Diagram, as shown below, to safely mobilize the patient to the desired goal. If the patient develops a limitation to mobilization, including, but not limited to, hemodynamic instability, nausea, or pain control, the bedside team will assist the patient to the prior level of mobility, notify the critical care team of the limitation, and re-attempt mobility after 30 minutes of rest.

References:


Johns Hopkins
Highest Level of
Mobility Scale (JH-HLM)
ACTIVITY AND MOBILITY PROMOTION
EVERY BODY MOVES
MOBILITY LEVEL
WALK
250+ FEET
8
25+ FEET
7
10+ STEPS
6
STAND
1 MINUTE
5
CHAIR
TRANSFER
4
BED
SIT AT EDGE
3
TURN SELF/ ACTIVITY
2
LYING
1
Bed activity includes passive or active range of motion, movement of arms or legs, bed exercises (e.g., cycle ergometry, neuromuscular electrical stimulation) and dependent transfer out of bed.
If you are uncertain on how to score certain mobility events, many questions have been clarified in the separate FAQ document.
bit.ly/everybodymoves
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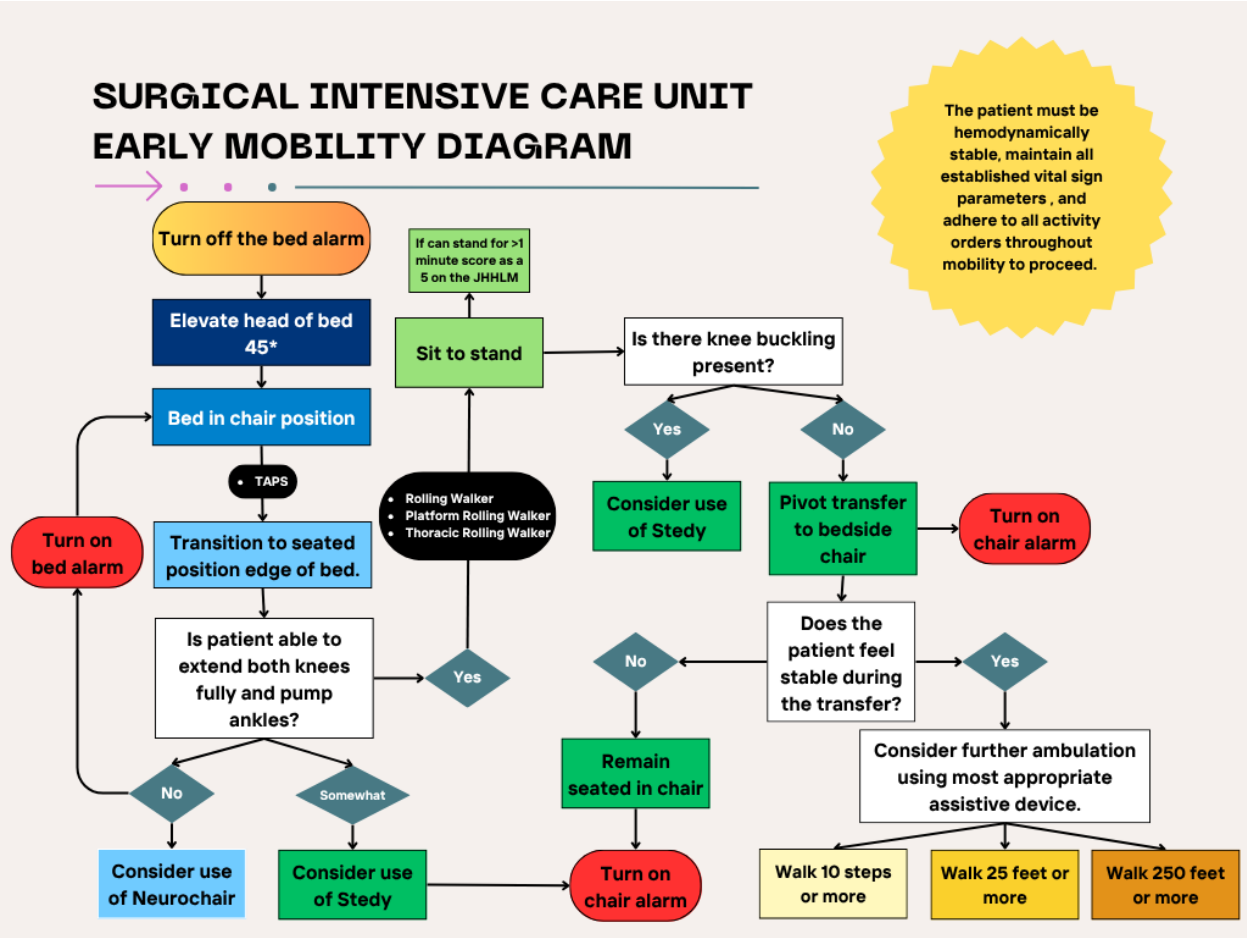

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