

## EARLY PROGRESSIVE MOBILITY GUIDELINES FOR VENTILATED PATIENTS

### Minimize over-sedation

1. Use the minimum amount of IV sedation needed to achieve a Riker sedation-agitation scale (SAS) of 4, when ever possible.
2. Decision support for sedation while on mechanical ventilation:  
When FIO2 60% or less, perform daily sedation vacation if on continuous sedation infusion and document on nursing flow sheet. Consider discontinuation of infusion and change to PRN sedation to keep SAS of 4.  
When FIO2 50% or less, if pt is unable to sleep, sedation is transitioned to HS.

### Promote sleep

While weaning sedation, gradually concentrate the majority of sedation at HS to promote sleep and allow pt to wake up during the day.

Promote sleep hygiene and limit interruption during sleep hours.

Discourage day time sleeping

### Prevent and Treat Delirium

Promote sleep by limiting interruptions during sleep hours.

## Progressive Mobility Form

Today's Date	
Current Vent Day	

AM SHIFT RN:			PM SHIFT RN:		
Total Glasgow Score	pre	post	Total Glasgow Score	pre	post
Riker Score	pre	post	Riker Score	pre	post

### ROM of 5 Major Joints



Time:	Repetition:		Time:	Repetition:	
Heart Rate	pre	post	Heart Rate	pre	post
Blood Pressure	pre	post	Blood Pressure	pre	post
FiO2 / O2 saturation	<del>pre</del>	<del>post</del>	FiO2 / O2 saturation	<del>pre</del>	<del>post</del>
* Activity Suspended	Yes	No	* Activity Suspended	Yes	No
Comments:			Comments:		

### HOB up 45° 60° 90°



Time:	HOB:	Duration:	Time:	HOB:	Duration:
Heart Rate	pre	post	Heart Rate	pre	post
Blood Pressure	pre	post	Blood Pressure	pre	post
FiO2 / O2 saturation	<del>pre</del>	<del>post</del>	FiO2 / O2 saturation	<del>pre</del>	<del>post</del>
* Activity Suspended	Yes	No	* Activity Suspended	Yes	No
Comments:			Comments:		

### Edge of Bed / Dangling



Time:	Duration:		Time:	Duration:	
Heart Rate	pre	post	Heart Rate	pre	post
Blood Pressure	pre	post	Blood Pressure	pre	post
FiO2 / O2 saturation	<del>pre</del>	<del>post</del>	FiO2 / O2 saturation	<del>pre</del>	<del>post</del>
* Activity Suspended	Yes	No	* Activity Suspended	Yes	No
Comments:			Comments:		

### Standing / Chair



Time:	Activity:	Duration:	Time:	Activity:	Duration:
Heart Rate	pre	post	Heart Rate	pre	post
Blood Pressure	pre	post	Blood Pressure	pre	post
FiO2 / O2 saturation	<del>pre</del>	<del>post</del>	FiO2 / O2 saturation	<del>pre</del>	<del>post</del>
* Activity Suspended	Yes	No	* Activity Suspended	Yes	No
Comments:			Comments:		

### Ambulation



Time:	Duration:		Time:	Duration:	
<b>Distance:</b>					
Heart Rate	pre	post	Heart Rate	pre	post
Blood Pressure	pre	post	Blood Pressure	pre	post
Respiratory Rate	pre	post	Respiratory Rate	pre	post
FiO2 / O2 saturation	<del>pre</del>	<del>post</del>	FiO2 / O2 saturation	<del>pre</del>	<del>post</del>
Vent Mode / Manual			Vent Mode / Manual		
* Activity Suspended	Yes	No	* Activity Suspended	Yes	No
Comments:			Comments:		



Heart Rate <50 or >130  
 Blood Press <90 or >180  
 Spo2 <90  
 Resp Rate > 35

Activity Notes:	Activity Notes:

## **EARLY PROGRESSIVE MOBILITY PROTOCOL FOR VENTILATED PATIENTS**

### **Mobility Goals**

1. Walk 100 ft prior to extubation
2. Walk 150 ft after extubation
3. Transfer independently or with minimal assistance
4. Any suspension of activity should be limited to 24hrs and re-evaluated each day during rounds until activity is reinitiated. Document why activity could not occur

### **Prevent Desaturation and Support Work of Breathing During Activity**

1. Increase pts FIO<sub>2</sub> by 0.1 to 0.2 percent before beginning activity if desaturation is anticipated.
2. Monitor O<sub>2</sub> sats during and after activity.
3. If pt has excessive dyspnea, avoid suspending activity due to breathlessness and dyspnea by allowing the pt to pause and rest at short intervals.

### **Initiate Activity**

1. When pt responds to verbal stimuli and is able to follow simple commands.
2. When pt is on low dose continuous sedation with a SAS of 4 or on prn sedation with a SAS of 4, with FIO<sub>2</sub> 60% or less
3. When BP is stable on minimal amounts of vasopressor/inotropes, mobility can be initiated .

## **Progress Activity as follows**

Use early progressive mobility protocol for ventilated pts deconditioned by >48 hrs of immobility

1. Perform orthostatic training:
  - HOB 45 degrees
  - HOB 45 degrees, legs in dependant position
  - HOB 65 degrees, legs in full dependant position
2. Dangle with assistance. Have pts feet touch the floor if possible.
3. Stand pt at bedside with support, begin wt bearing on one or two legs
4. Transfer to chair by pivot or taking one or two small steps
5. Walk with assistance, may use a walker or other physical support.  
Always have a wheelchair following behind in case the pt becomes exhausted and / or breathless and needs to suspend activity
6. Walk independently 100 ft before extubation and 150 ft after extubation

## EXCLUSION CRITERIA FOR PROGRESSIVE MOBILIZATION

### **Cardiovascular instability:**

Hypotension- SBP<90 or hypertension- SBP>180

Tachycardia- HR>130 or bradycardia <50

Two or more vasopressor infusions/inotropes or frequent > than hourly upward titration

IABP

Active bleeding

### **Neurological instability:**

ICP monitoring

Intraventricular drain

Unstable spinal cord injury or vertebral fracture

Any new neurological deterioration

### **Respiratory instability:**

FIO<sub>2</sub>>60%

PEEP> +10cm

Respiratory rate>35 breaths/min

Requirement for neuromuscular blockade medication

### **Other:**

Femoral sheath or femoral arterial line (temporary pacer, Quinton catheter, CVP line)

Balanced skeletal traction

Unstable fracture

Pts activity level prior to admission was complete bedrest/chair bound