

Everyday mobility

Every patient, every setting

Turn



- HOB >30°
- Q2 Turns
- CLRT if indicated for pulmonary clearance
- Sound Therapy



Sit



- HOB increase above 45°
- Continue Q2 turns
- Modified chair or Cardiac Chair as tolerated
- ROM and in-bed exercises as tolerated

Stand



- Sitting on side of the bed and dangle
- Side rails + Up/Down for assist
- Standing trials and march in place if tolerated
- Pivot to chair (receive with TruRize)
- Maintain correct posture in chair with SPS

Stroll



- Chair alarm when patient is seated
- Maintain correct posture in chair with SPS
- Stand assist position with TruRize
- Gradually increase ambulation distance
- Ambulation to and from chair up to 3 times a day

*Check boxes when step is complete

Proceed if patient is awake and vitally stable to the next steps



Proceed if patient can lift head from pillow and arms against gravity



Proceed if the patient can move legs against gravity



Proceed if the patient can move legs against gravity



What can early mobility do for you?

Shorten length of stay¹

Less time on a ventilator²

Lower risk of acquired weakness²

Improved quality of life²

Financial savings¹

*This algorithm is provided for the purpose of demonstrating how Early Mobility may assist with physical reconditioning and patient mobility. This is not a guarantee or warranty of product performance or patient outcomes. The decision to incorporate any components of this algorithm into clinical practice are the responsibility of your institution and its healthcare professionals. This algorithm is not substitute for clinical judgement.

1. Hunter et al. Reduction of Intensive Care Unit Length of Stay. The Health Care Manager. 2014; 33(2) 128-135.

2. Kayambu et al. Physical Therapy for the Critically Ill in the ICU. Crit Care Med. 2013; 41:0-0.

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