Progressive Mobility Algorithm for Critically Ill Patients

Mobility Recommendation: Turn Patient Every Two Hours, Assess Every Twelve Hours for Risk for Pulmonary Complications and Deconditioning and Follow Appropriate Process

A. Is patient immobile plus one or more:
- Lobar collapse / atelectasis, excessive secretions, and/or
- PF ratio <200 and/or FiO₂ >40% with a PaO₂ of 80 mmHg
- Hemodynamic instability with manual turning (SaO₂, BP and HR), or
- Decreased mental status

Y: Initiate / continue continuous lateral rotation therapy (CLRT) (18hrs/day)

N: Have situation resolved? (assess every 24 hours)

Y: Discontinue therapy

N: Have therapy goals changed to palliative care?

Y: Initiate / continue prone positioning

N: Continue CLRT and progressive upright mobility process

- Assess adherence to adequacy of turn and hrs/day CLRT guideline
- Adjust therapy and continue
- Does patient meet criteria for prone positioning?

- Assess adherence to prone position guidelines
- Assess need for CLRT

B. Does patient have:
- Severe ARDS (FiO₂ of 40% and 10 PEEP and/or a PF ratio of <100, and/or
- Have other lung recruitment strategies (i.e., PEEP) been maximized or failed and the FiO₂ remains >60%, or
- Pulmonary status continuing to deteriorate?

Y: Initiate / continue prone positioning

N: Does patient have...

Y: Initiate / continue continuous lateral rotation therapy (CLRT) (18hrs/day)

N: Maintain rotational therapy when the patient is supine

Y: Has situation resolved? (assess every 24 hours)

Y: Continue CLRT and progressive upright mobility process

N: Discontinue prone position

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(1) Continuous Lateral Rotation Therapy: Use of an air cushion surface for continual rotation of a patient along a longitudinal axes that places one lung above the other.

(2) Hemodynamic tolerance: With any new position, the patient requires a five to ten minute equilibration period before determining hemodynamic intolerance/instability to the position change.

(3) Progressive Upright Mobility Process:
- HOB elevated 45°
- HOB elevated 45° plus legs in dependent position (Cardiac chair or partial chair)*
- HOB elevated 65° plus legs in full dependent position (Full bed chair)*
- HOB elevated 65° plus legs in full dependent position and feet on the floor plus standing*
- Initiate pivot/walking and perform full chair bed position (65° with feet down) four x per day for a 1-2 hour period. (If chair bed unavailable, bed side chair 2x daily for 1-2 hours)*
- If chair bed in use, patient should get out of bed using the pivot ambulation mechanism at least once daily for psychological reasons.

* If the patient’s abdomen is large try a lesser degree angle on the HOB when in a sitting position.

References