<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>TEST</th>
<th>INTERVENTIONS</th>
</tr>
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<tbody>
<tr>
<td>Safety Screen Assessment:</td>
<td><strong>FAIL</strong></td>
<td><strong>Strict Bedrest:</strong></td>
</tr>
<tr>
<td><strong>M:</strong> Myocardial</td>
<td></td>
<td>- Initiate falls bundle, if indicated</td>
</tr>
<tr>
<td><strong>O:</strong> Oxygenation</td>
<td></td>
<td>- Use equipment for repositioning in bed</td>
</tr>
<tr>
<td><strong>V:</strong> Vasactive</td>
<td></td>
<td>- ROM exercises, minimum 5 repetitions</td>
</tr>
<tr>
<td><strong>E:</strong> Engaged</td>
<td></td>
<td><strong>PASS</strong> Continue with Sit and Shake Assessment</td>
</tr>
<tr>
<td><strong>S:</strong> Special Considerations</td>
<td></td>
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</table>

**Sit and Shake Assessment (trunk strength and seated balance)**

**Instructions:**
1. From a semi-reclined position, ask patient to sit upright and rotate to a seated position at the side of the bed.
2. Ask patient to reach across midline to shake your hand.

**FAIL** **PASS**

**Mobility Level 1 – Bedfast/Dependent**
- Initiate falls bundle, if indicated
- ICU: consider PT/OT consult for RASS score -2 to +2
- Use equipment for repositioning in bed
- Use chair position in bed or sit in chair for meals and/or ADLs
- Use equipment for transfers OOB
- Initiate Level 1 ROM exercises*

**Continue to Stretch and Point Assessment**

**Stretch and Point Assessment (lower extremity strength and stability)**

**Instructions:**
1. Ask patient to extend leg forward until it is straight at the knee.
2. Ask the patient to point and flex foot/toes. Repeat with other leg if appropriate.

**FAIL** **PASS**

**Mobility Level 2 – Chairfast**
- Initiate falls bundle
- Use equipment for repositioning in bed
- Sit on edge of the bed or chair for meals and/or ADLs
- Use equipment for transfers OOB
- Initiate Level 2 ROM exercises*

**Continue to Stand Assessment**

**Stand Assessment (lower extremity strength for standing)**

**Instructions:**
1. Ask your patient to elevate off the bed or chair using an assistive device if needed.
2. Patient should be able to raise buttocks off bed and hold for count of 5.

**FAIL** **PASS**

**Mobility Level 3 – Stand and Transfer**
- Initiate falls bundle
- Sit on the edge of bed or chair for meals and/or ADLs
- Use equipment for transfers OOB, standing, and walking
- Initiate Level 3 ROM exercises*

**Continue to Walk Assessment**

**Walk Assessment (standing balance and gait)**

**Instructions:**
1. Ask your patient to march in place at bedside.
2. Then ask patient to advance step and return each foot.

**FAIL** **PASS**

**Mobility Level 4 – Walk**
- Initiate falls bundle, if indicated
- Walking in room and in hallway as able
- Use assistive devices as needed
- Encourage out of bed for meals and/or ADLs
- Initiate Level 4 ROM exercises*

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Always default to the safest patient handling equipment if there is any doubt in patient’s ability to perform task.
*Consider notifying provider to place PT/OT consult for patient not at baseline or who demonstrates declining mobility/ADL.
### Equipment and Assistive Device Options for Mobility Interventions and Fall Prevention

<table>
<thead>
<tr>
<th>Blue Liners</th>
<th>Hovermatt</th>
<th>MaxiSky 600/1000 lbs 273/455 kg</th>
<th>Loop, Reposition Slings 600/1000 lbs 273/455 kg</th>
<th>MaxiMove 500 lbs/227 kg</th>
<th>Opera/Tempo 440 lbs/200 kg</th>
<th>SaraPlus/Encore 420 lbs/191 kg</th>
<th>RoWalker</th>
<th>Ultramove 400 lbs/182 kg</th>
</tr>
</thead>
</table>

| Strict Bedrest | X | X | X |
| Mobility Level 1 | X | X | X |
| Mobility Level 2 | X | X | X |
| Mobility Level 3 | X | X | X |
| Mobility Level 4 | X | X | X |

Always default to the safest patient handling equipment if there is any doubt in patient’s ability to perform task.

Updated: July 2017