BMAT: FAQs

Q1: How often is the RN required to do the BMAT?
A: Should be completed and documented in MC with admission assessment, every shift, upon transfer.

Q2: Is it ok to perform BMAT from chair if patient already up?
A: YES—if patient maintaining balance in chair, start with handshake and go from there.

Q3: What if patient has ability to stand or walk but needs assistance to get to a sitting position?
A: There are some conditions, i.e., sternotomy, abdominal surgery with large incision, orthopedic conditions that require additional support of an affected extremity to get to the edge of bed, and more that may render your patient unable to sit up without help. May need to use blue liner, sling, or lift to bring patient to edge of bed. Refer to Surgical Patient Tip Sheet (page 2) for detailed instructions for performing level 1 assessment.

Q4: If patient uses a cane or walker, can they use for the assessment?
A: YES, please have this equipment at bedside to insure safety.

Q5: What is best way to tell patient what I am going to do?
A: Script—Now I am going to assess your mobility to determine how much assistance you will need when ambulating and equipment I will need to use so we can keep you safe

Q6: Where can I find SPHM technology in my area?
A: There is a designated location for every unit/department. The Duke MOVES Champion and Coaches can tell you the specific equipment on your unit/department and location.

Q7: Who is responsible for marking Mobility/Fall sign?
A: The RN performing the assessment each shift must insure that the correct BMAT score is circled and YES or NO for fall risk is circled. It is discharging nurse’s responsibility to erase.

Q8: Why do we need to place signage outside room?
A: The Mobility score communicates much needed info to all beside clinicians and leaders. Knowing the patient’s mobility level is often needed prior to entering the room—as leaders round, as staff care for unfamiliar pts during coworker’s break, as staff answer call lights, and as ancillary departments participate in care. Knowing the level allows staff to enter the room prepared to care for patient, resulting in efficiency, improved response time, and consistent use of SPHM technology.

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Q9: How to perform BMAT on a surgical patient?
A: If your patient has sternal precautions, a large abdominal wound or incision, or any other condition that precludes him from coming to a sitting position temporarily (or until recovered and is not a permanent impairment) you may make additional accommodations to safely assist the patient with the mobility assessment. This is of primary concern with a patient that the clinician believes to be able to perform advanced mobility (able to sit, stand or walk) but has difficulty in sitting to the edge of bed, remember the results of the assessment will indicate the patients mobility, extra measures may need to be taken to ensure safe assistance is provided throughout the patients care. The list below offers tips for performing the BMAT on this population of patients.

Assessment Level One- Sit and Shake
The purpose of the assessment level one is to test the patient’s ability to come to a sitting position and their sitting balance. If your patient is unable to achieve a sitting position independently and you desire to continue the assessment the options below will safely assist the patient to an edge of bed sitting position.

OPTION 1- EDGE OF BED

Utilize the ceiling lift or floor based total lift and sling. Secure the sling to the sling bar and lift the patient to a bedside sitting position, at the edge of bed as seen here.

Once the patient is positioned safely at the edge of bed, lower the tension on the lift and if the patient is able to maintain sitting, proceed with the assessment.

OPTION 2- EDGE OF BED

If available, utilize the full chair feature on the bed. Remove the footboard and ensure that foot of the bed is touching the floor.

Encourage your patient to move to the edge of the bed and assess his ability to support himself in a sitting position, proceed with assessment.

*Your patient will complete the remaining portions of the BMAT up to his functional ability without additional special considerations. Upon completing assessment level one; refer to the standard methods of performing the BMAT.