# Training Guide for Nurses: Bedside Mobility Assessment Tool (BMAT)-INPATIENT

*Use this guide to educate/train staff on the BMAT mobility assessment.*

*The goal is for the learner to understand-*

## 1. The importance of conducting BMAT.
- To observe and determine how patients move on their own before providing assistance
- To select the safest lift equipment and devices to mobilize patients

## 2. Appropriate activity orders needed before mobilizing patient.
- If patient has a provider order for bedrest, patient is assigned mobility level “Strict Bedrest”. Do not mobilize patient.
- If patient has any activity order other than bedrest, proceed to Safety Screen.

## 3. How to conduct the Safety Screen.
- If any criteria in Safety Screen are present, patient FAILS and is placed on “Strict Bedrest” by RN. This patient is not medically stable for mobility.
- If none of the criteria in Safety Screen are present, patient PASSES. RN may proceed to BMAT mobility assessment.

## 4. How each assessment in the BMAT verifies patient has specific physical abilities needed to move safely.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sit and Shake</td>
<td>Verifies patient has adequate sitting balance and trunk strength.</td>
</tr>
<tr>
<td>B. Stretch and Point</td>
<td>Verifies patient has adequate lower extremity stability and strength.</td>
</tr>
<tr>
<td>C. Stand</td>
<td>Verifies patient has adequate leg stability and strength to maintain standing.</td>
</tr>
<tr>
<td>D. Walk</td>
<td>Verifies patient has sufficient strength and stability for walking.</td>
</tr>
</tbody>
</table>

## 5. How to conduct each step of BMAT mobility assessment. *(Consider training on equipment appropriate for each BMAT level after reviewing each step of the assessment.)*

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<tr>
<td>A. Sit and Shake</td>
<td>If patient is unable to perform all parts, patient is assigned BMAT level 1 “Bedfast/Dependent”. If patient is able to perform all parts, proceed to Stretch and Point Assessment.</td>
</tr>
<tr>
<td>B. Stretch and Point</td>
<td>If patient is unable to perform all parts, patient is assigned BMAT level 2 “Chairfast”. If patient is able to perform all parts, proceed to Stand Assessment.</td>
</tr>
<tr>
<td>C. Stand</td>
<td>If patient is unable to perform all parts, patient is assigned BMAT level 3 “Stand”. If patient is able to perform all parts, proceed to Walk Assessment.</td>
</tr>
<tr>
<td>D. Walk</td>
<td>If patient is unable to perform all parts, patient is assigned BMAT level 3 “Stand”. If patient is able to perform all parts, patient is assigned BMAT level 4 “Walk”.</td>
</tr>
</tbody>
</table>

## 6. How BMAT is incorporated in the daily assessment and patient care.
- Check breath sounds or give medications while patient is seated at edge of bed.
- Conduct BMAT to plan for patient’s toileting needs or before assisting back to bed from recliner.

## 7. When to complete BMAT assessment.
- Once every shift
- Before assisting patient as needed
- When patient’s medical status changes
8. How to select the most appropriate patient lift equipment and devices available on unit based on patient’s BMAT mobility score to complete the required task.

- Example: Use SaraPlus lift to transfer patient at BMAT level 2 “Chairfast” to bedside commode.
- Always default to the safest equipment if there is any doubt in a patient’s ability to complete the required task.

9. Interventions for patients at each BMAT level.

- Example: Patients at BMAT level 3 “Stand” can sit edge of bed or transfer out bed to recliner with equipment for meals and ADLs.
- Patients at all BMAT levels can complete ROM exercises.

10. Safety needs of patients at BMAT level 4 “Walk” based on falls risk.

- Patients at high falls risk must be assisted by a staff member for all out of bed activities.
- Patients NOT at high falls risk are Independent; patients are encouraged to walk in room and halls on their own as able and be out of bed for meals and ADLs.

11. BMAT score must be updated (circled with dry erase maker) on room sign every shift.

- This quickly communicates patient’s mobility and safety needs to other healthcare workers on the care team including providers, NCAs, transporters, radiology, etc.

12. Importance of educating patients and loved ones on mobility level and plan including interventions and lift equipment or devices that will be used to move safely.