





**Adult Bedside Mobility Assessment Tool (BMAT) for Nurses**






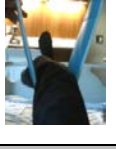











ASSESSMENT	TEST	INTERVENTIONS
<p><b>Safety Screen Assessment:</b>  <b>M:</b> Myocardial  <b>O:</b> Oxygenation  <b>V:</b> Vasoactive  <b>E:</b> Engaged  <b>S:</b> Special Considerations</p>	<p><b>FAIL</b> →</p> <p><b>PASS</b> →</p>	<p><b>Strict Bedrest</b></p> <ul style="list-style-type: none"> <li>Initiate falls bundle, if indicated</li> <li>Use equipment for repositioning in bed</li> <li>ROM exercises, minimum 5 repetitions</li> </ul> <p>Continue with Sit and Shake Assessment</p>
<p><b>Sit and Shake Assessment (trunk strength and seated balance)</b></p>  <p><b>Instructions:</b> (Obtain necessary assistive device, cane or walker.)</p> <ol style="list-style-type: none"> <li>From a semi-reclined position, ask patient to sit at the side of the bed. May use bed rail.</li> <li>Note patient's ability to sit for &gt; 2 minutes without caregiver assistance.</li> <li>Ask patient to reach out and grab your hand and shake making sure patient reaches across midline.</li> </ol>	<p><b>FAIL</b> →</p> <p><b>PASS</b> →</p>	<p><b>Mobility Level 1 – Bedfast/Dependent</b></p> <ul style="list-style-type: none"> <li>Initiate falls bundle, if indicated</li> <li>ICU: consider PT/OT consult for RASS score -2 to +2</li> <li>Use equipment for repositioning in bed</li> <li>Use chair position in bed or sit in chair for meals and/or ADLs</li> <li>Use equipment for transfers OOB</li> <li>Initiate Level 1 ROM exercises*</li> </ul> <p>Continue to Stretch and Point Assessment</p>
<p><b>Stretch and Point Assessment (lower extremity strength and stability)</b></p>  <p><b>Instructions:</b></p> <ol style="list-style-type: none"> <li>With patient seated, have patient place both feet on floor with knees no higher than hips.</li> <li>Ask patient to stretch one leg and straighten knee, then bend the ankle/flex and point toes. If appropriate, repeat with other leg. May test with only one leg (e.g. ankle cast, stroke).</li> </ol>	<p><b>FAIL</b> →</p> <p><b>PASS</b> →</p>	<p><b>Mobility Level 2 - Chairfast</b></p> <ul style="list-style-type: none"> <li>Initiate falls bundle</li> <li>Use equipment for repositioning in bed</li> <li>Sit on edge of the bed or chair for meals and/or ADLs</li> <li>Use equipment for transfers OOB</li> <li>Initiate Level 2 ROM exercises*</li> </ul> <p>Continue to Stand Assessment</p>
<p><b>Stand Assessment (lower extremity strength for standing)</b></p>  <p><b>Instructions:</b> (Consider patient's cognitive ability, orientation, &amp; presence of delirium.)</p> <ol style="list-style-type: none"> <li>Ask patient to elevate off the bed or chair (seated to standing). May use assistive device (cane, bedrail).</li> <li>Patient should be able to raise buttocks off bed and hold for count of 5. May repeat once. May test with only one leg (e.g. ankle cast, stroke).</li> </ol>	<p><b>FAIL</b> →</p> <p><b>PASS</b> →</p>	<p><b>Mobility Level 3 – Stand</b></p> <ul style="list-style-type: none"> <li>Initiate falls bundle</li> <li>Sit on the edge of bed or chair for meals and/or ADLs</li> <li>Use equipment for transfers OOB and standing</li> <li>Initiate Level 3 ROM exercises*</li> </ul> <p>Continue to Walk Assessment</p>
<p><b>Walk Assessment (standing balance and gait)</b></p>  <p><b>Instructions:</b> (Use assistive device if needed.)</p> <ol style="list-style-type: none"> <li>Ask patient to march in place at bedside.</li> <li>Then ask patient to advance step and return each foot.</li> <li>Assess patient's balance, stability, and safety awareness.</li> </ol>	<p><b>FAIL</b> →</p> <p><b>PASS</b> →</p>	<p><b>Mobility Level 3 – Stand</b> Implement Level 3 activities as above</p> <p><b>Mobility Level 4 – Walk</b></p> <ul style="list-style-type: none"> <li>Initiate falls bundle, if indicated</li> <li>Walking in room and in hallway as able</li> <li>Use assistive devices as needed</li> <li>Encourage out of bed for meals and/or ADLs</li> <li>Initiate Level 4 ROM exercises*</li> </ul>

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.

Safety Screen Assessment: M.O.V.E.S	
M: Myocardial	<ul style="list-style-type: none"> <li>New MI by EKG or elevated cardiac enzymes (May progress activity level 24 hours after cardiac enzymes peak)</li> <li>New antiarrhythmic infusion added within last 12 hours</li> <li>New unstable dysrhythmia within last 12 hours</li> <li>Changes to Flolan (epoprostenol sodium) or Veletri dosing within last 30 minutes</li> </ul>
O: Oxygenation	<ul style="list-style-type: none"> <li>Sustained desaturation &lt;88% or patient specific goal</li> <li>Increases in ventilator support within last 4 hours</li> <li>Current ventilator settings FiO2 &gt;80%, PEEP &gt;16, and plateau pressures &gt;30</li> <li>Oxygenation requirements of FiO2 100% in non-ventilated patients</li> </ul>
V: Vasoactive	<ul style="list-style-type: none"> <li>Increase in vasoactive requirements over the last 2 hours</li> <li>New vasoactive added in last 2 hours</li> </ul>
E: Engaged	<ul style="list-style-type: none"> <li>Any new undetermined/undiagnosed change in neuro status</li> <li>Cervical or spinal injury without clearance from Neurology/Neurosurgery and/or Orthopedics</li> </ul>
S: Special Considerations	<ul style="list-style-type: none"> <li>Hemi-crani that does not have a helmet</li> <li>Neuromuscular blockade agents, epidurals, nerve blocks, special lines</li> <li>Combative or violent behavior (RASS +3 - +5)</li> </ul>

**Equipment and Assistive Device Options for Mobility Interventions and Fall Prevention**

	 <b>Blue Liners</b> 300 lbs/ 136 kg	 <b>Hovermatt</b> 1000 lbs/ 455 kg	 <b>MaxiSky</b> 600/1000 lbs 273/455 kg   <b>Loop, Repositioning Slings</b> 600/1000 lbs 273/455 kg   <b>Loop, Sling</b> 600 lbs/ 273 kg   <b>Loop, Limb</b> 154 lbs/ 70 kg	 <b>MaxiMove</b> 500 lbs/227 kg  <b>Opera/Tempo</b> 440 lbs/200 kg	 <b>SaraPlus/Encore</b> 420 lbs/ 191 kg	 <b>Ultramove</b> 400 lbs/182 kg   <b>Quickmove</b> 400 lbs/182 kg   <b>SaraSteady</b> 400 lbs/182 kg
<b>Strict Bedrest</b>	X	X	X			
<b>Mobility Level 1</b>	X	X	X	X		
<b>Mobility Level 2</b>	X	X	X	X	X	
<b>Mobility Level 3</b>	X	X	X	X	X	X
<b>Mobility Level 4</b>	 <b>Canes</b>	 <b>Rollator</b>	 <b>Crutches</b>	 <b>Walker</b>	 <b>Ultramove or Quickmove with footplate removed</b>	 <b>RoWalker</b>

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