

Early Progressive Mobility Program

Prolonged bed rest in residents often leads to a host of problems such as: mobility and functional issues, sleep deprivation, delirium, altered nutritional status, increased hospital and post-hospital rehabilitation length of stay and an overall burden to the health care system. To address these problems, early exercise and progressive mobility have been introduced as an intervention to decrease duration of both delirium and ventilator days.

Sarcopenia, a loss of muscle mass, can begin **after only 2 days of bed rest**, decreasing muscle strength by 1%-3% per day. One week of bed rest can result in a 20% decrease in muscle strength and an additional 20% muscle strength loss for each week on bed rest!

Purpose

To introduce a mobility program designed to maintain baseline mobility and functional capacity, decrease incidence of delirium and decrease length of stay in hospitalized patients.

Goals

- Employ a multidisciplinary focus on early mobilization as part of the daily clinical routine
- Maintain residents at their baseline mobility and functional levels
- Initiate a mobility protocol when a resident is hemodynamically stable
- Mobilize residents with activity at least twice daily (if physical therapy is consulted, the nursing staff will continue to mobilize the resident 1-2 times per day in addition to the physical therapy)

Early mobility interventions require a coordinated approach with a multidisciplinary team. Your team might consist of nurses, respiratory therapy, physical therapy, pharmacy, occupational therapy and a physician. This coordinated approach includes the employment of a nurse-driven protocol to get the resident out of bed faster.

Expected Outcomes

Mobilizing residents sooner can lead to improved resident outcomes. The use of an early mobility protocol should:

- Minimize complications of bed rest
- Improve overall resident function
- Improve overall strength and endurance
- Decrease length of stay in the hospital

The psychological benefit for the resident from early ambulation cannot be overlooked.

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Some steps you can take to continue your progress of early mobility may be to discuss the mobility status of each resident in real time during multidisciplinary rounds. Mobility status of residents should also be discussed during shift-to-shift report and when residents are transferred to or from other units. As visual reminders, algorithms for mobility can be posted and the mobility protocol should be part of the new employee orientation for appropriate staff members.

Consider establishing a mobility tech program (similar to a restorative program) where certified nursing assistants can act as a bridge between nursing and physical or occupational therapy. They can mobilize any resident PT determines does not require skilled therapy or more than minimal assistance to mobilize. By partnering with the nursing and PT staff to create a mobility tech program, mobility techs can assist in the early mobilization of residents and assist in preventing decline!

<https://www.ahrq.gov/hai/tools/mvp/modules/technical/nurse-early-mobility-protocols-fac-guide.html>

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

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