Contraindications
- Increased intracranial pressure (ICP) greater than or equal to 15 mmHg
- Active cardiac ischemia
- Blood pressure instability despite vasopressors
- Richmond Agitation Sedation Score (RASS) +4 (Appendix B)
- Fraction of inspired oxygen (FiO₂) greater than or equal to 0.85
- Active hemorrhage

Precautions
- Continuous dialysis
- Venous thromboembolism (VTE)
- Lumbar drain
- External ventricular drain
- Plastic surgery
- Orthopedic surgery
- RASS +3 (Appendix B)
- Tracheostomy within 24 hours
- Difficult airway
- Active hemorrhage

Signs of Intolerance (those which do not resolve within 5-10 minutes)
- Respiratory rate (RR) greater than 40 bpm
- Oxygen saturation less than 88%
- Mean arterial pressure (MAP) less than 50 mmHg or greater than 130 mmHg
- Heart rate (HR) less than 50 bpm or less or greater than 130 bpm
- Development of any contraindications

Discontinue activity and refer to Level 0 (see Appendix A) and re-evaluate in 24 hours (refer back to Box A)
GUIDELINES FOR MONITORING DURING ACTIVITY

Patient participating in ICU adult early mobilization activities with current level of monitoring:

- Signs of intolerance observed?
  - Yes: Return patient to safe resting position
  - No: Progress mobility to OOB or short distance ambulation within room with current level of monitoring

Progress mobility to OOB or short distance ambulation within room with current level of monitoring:

- Signs of intolerance observed?
  - Yes: Return patient to supine position in bed
  - No: Alert and recruit RN for assistance

Was cardiopulmonary or neurological dysfunction observed within the last 24 hours?

- Yes: Notify ICU team
  - Progress mobility to outside of ICU
  - Use portable pulse oximetry for monitoring
  - Recruit RT for assistance if patient requires mechanical ventilation
- No: Continue with mobilization intervention as indicated by appropriate level

Continue to progress mobility as tolerated per Page 1 with full monitoring within room:

- Signs of intolerance observed?
  - Yes: Refer to Box A above
  - No: Continue to progress mobility as tolerated per Page 1 with monitoring
## APPENDIX A: Mobility Levels

### Level 0
**RASS**: -5 to +2  
**Functional Level**: Total Assist  

**Interventions**
- Attempt manual turn to lateral position
- Use slow speed of turn
- Use wedge, start with 15 degree turn, hold for 15 seconds; if tolerated, increase to 45 degrees
- Weight shift patient every hour
- Reposition head, arms and legs every hour with heel elevation
- PROM twice a day x 10 repetitions
- Daily implementation of Morning Bundle

### Level 1
**RASS**: -5 to +2  
**Functional Level**: Total Assist  

**Interventions**
- PROM twice daily x 10 repetitions with nursing staff
- Reposition every 2 hours by nursing staff
- Heel elevation
- Bed in chair position twice a day with nursing staff greater than 20 minutes but less than 2 hours
- Skilled therapeutic interventions by PT/OT as indicated
- Daily implementation of Morning Bundle

### Level 2
**RASS**: -2 to +2  
**Functional Level**: Maximum to Moderate Assist  

**Interventions**
- ROM exercises twice daily with family/nursing staff x 10 repetitions
- Reposition every 2 hours by nursing staff
- Heel elevation
- Bed in chair position twice a day with nursing staff greater than 20 minutes but less than 2 hours
- OOB to neuro chair greater than 30 minutes but less than 2 hours
- Skilled therapeutic interventions by PT/OT as indicated
- Participate in ADL
- Daily implementation of Morning Bundle

### Level 3
**RASS**: -1 to +2  
**Functional Level**: Moderate Assist to Supervision  

**Interventions**
- Home exercise program twice a day
- Reposition every 2 hours while in bed
- Heel elevation
- OOB to bedside chair with nursing three times a day greater than 30 minutes but less than 2 hours
- Ambulate as directed by PT/OT
- Skilled therapeutic interventions by PT/OT as indicated
- Participate in ADL
- Daily implementation of Morning Bundle

---

1 Refer to Appendix B for scale definition  
2 Total Assist (patient performs 0-24%)  
- Maximum Assist (patient performs 25-49%)  
- Moderate Assist (patient performs 50-74%)  
- Minimal Assist (patient performs 75-99%)  
- Supervision (assist patient with set up and/or cuing)

3 Morning Bundle Components:
- **By 8 AM**:
  - Lights on
  - Window shades up
  - Head of bed (HOB) elevated
  - Sedation holiday
- **By 10 AM**:
  - Up in chair position or OOB to chair

---

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APPENDIX B: Richmond Agitation Sedation Scale (RASS)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+4</td>
<td>Combative</td>
</tr>
<tr>
<td>+3</td>
<td>Very agitated</td>
</tr>
<tr>
<td>+2</td>
<td>Agitated</td>
</tr>
<tr>
<td>+1</td>
<td>Restless</td>
</tr>
<tr>
<td>0</td>
<td>Alert and calm</td>
</tr>
<tr>
<td>-1</td>
<td>Drowsy</td>
</tr>
<tr>
<td>-2</td>
<td>Light sedation</td>
</tr>
<tr>
<td>-3</td>
<td>Moderate sedation</td>
</tr>
<tr>
<td>-4</td>
<td>Deep sedation</td>
</tr>
<tr>
<td>-5</td>
<td>Unarousable</td>
</tr>
<tr>
<td>+4</td>
<td>Overly combative, violent, immediate danger to staff</td>
</tr>
<tr>
<td>+3</td>
<td>Pulls or removes tube(s) or catheter(s); aggressive</td>
</tr>
<tr>
<td>+2</td>
<td>Frequent, non-purposeful movement, fights ventilator</td>
</tr>
<tr>
<td>+1</td>
<td>Anxious, but movements not aggressive or vigorous</td>
</tr>
<tr>
<td>0</td>
<td>Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (greater than or equal to 10 seconds)</td>
</tr>
<tr>
<td>-1</td>
<td>Briefly awakens with eye contact to voice (less than 10 seconds)</td>
</tr>
<tr>
<td>-2</td>
<td>Movement or eye openings to voice (but no eye contact)</td>
</tr>
<tr>
<td>-3</td>
<td>No response to voice, but movement or eye opening to physical stimulation</td>
</tr>
<tr>
<td>-5</td>
<td>Unarousable</td>
</tr>
</tbody>
</table>
APPENDIX C: Continuous Lateral Rotation Therapy (CLRT)

CLRT for hemodynamically unstable patients

- Maintain head of bed (HOB) greater than or equal to 15 degrees and 15 degrees reverse Trendelenberg position (to achieve 30 degrees)
- CLRT 18 hours per day, minimum of 6 complete rotations (optimally 8-10 rotations)
- Use training mode, or if not tolerated, set rotation at 60% and pause two minutes for right/left:center (minimum settings)
- Monitor that one lung is above the other lung with a turn. If not, increase rotation percentage as tolerated.
- Increase pause to one minute as patient adjusts
- Every 2 hours, check to ensure that the patient is in optimal position to promote effective turn. Shoulders should be aligned with the lung picture on the bed.
- Use custom settings to adjust for body types
ICU Adult Early Mobilization

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SUGGESTED READINGS


ICU Adult Early Mobilization

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority expert opinion of the ICU Adult Early Mobilization experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

Wendy Garcia, BS
Bobak Habibi, PT, DPT (Rehab/Physical Therapy)
Rhea Herrington, MSN, RN-BC, CCRN (Nursing Education)
Vi Nguyen, OTR, BSRC, MOT (Rehab/Occupational Therapy)†
Amy Pai, PharmD
S. Egbert Pravinkumar, MD, FRCP (Critical Care & Respiratory Care)†
Amber Tarvin, MSN, RN, CNL (Nursing ICU)
Mary Lou Warren, DNP, RN, CNS-CC (Critical Care & Respiratory Care)†

† Development Leads
• Clinical Effectiveness Development Team