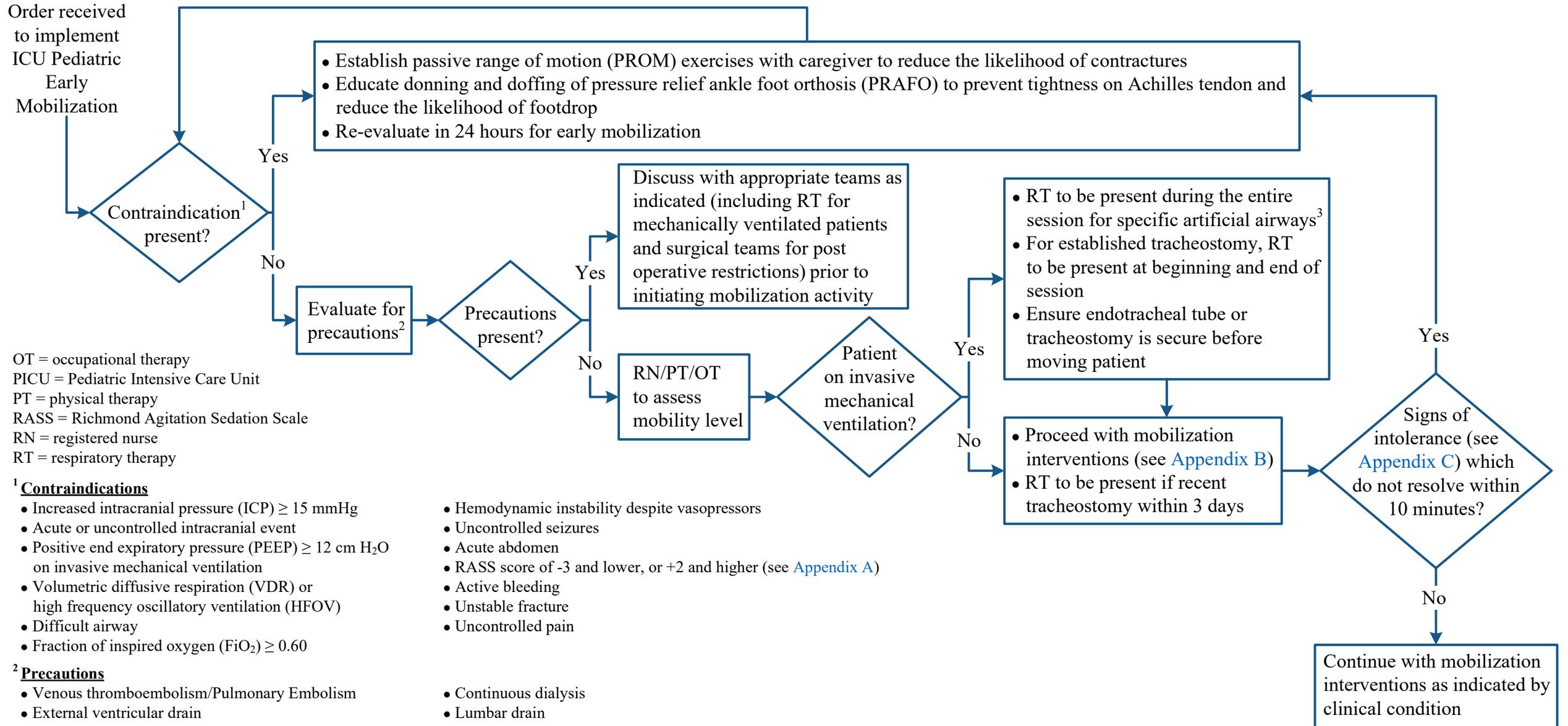


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OT = occupational therapy  
 PICU = Pediatric Intensive Care Unit  
 PT = physical therapy  
 RASS = Richmond Agitation Sedation Scale  
 RN = registered nurse  
 RT = respiratory therapy

**¹ Contraindications**

- Increased intracranial pressure (ICP) ≥ 15 mmHg
- Acute or uncontrolled intracranial event
- Positive end expiratory pressure (PEEP) ≥ 12 cm H<sub>2</sub>O on invasive mechanical ventilation
- Volumetric diffusive respiration (VDR) or high frequency oscillatory ventilation (HFOV)
- Difficult airway
- Fraction of inspired oxygen (FiO<sub>2</sub>) ≥ 0.60

- Hemodynamic instability despite vasopressors
- Uncontrolled seizures
- Acute abdomen
- RASS score of -3 and lower, or +2 and higher (see Appendix A)
- Active bleeding
- Unstable fracture
- Uncontrolled pain

**² Precautions**

- Venous thromboembolism/Pulmonary Embolism
- External ventricular drain
- RASS score of +1 (see Appendix A)
- Mechanical ventilation
- Continuous dialysis
- Lumbar drain
- Vasopressor medication
- Hemoglobin < 8 grams/dL or platelets < 20 K/microliter

<sup>3</sup> Any exceptions outside of established tracheostomies need to be cleared by PICU physician

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## APPENDIX A: Richmond Agitation Sedation Scale (RASS)

+4	Combative	Overly combative, violent, immediate danger to staff
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive
+2	Agitated	Frequent non-purposeful movement, fights ventilator
+1	Restless	Anxious, but movements not aggressive or vigorous
0	Alert and calm	-
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice ( $\geq 10$ seconds)
-2	Light sedation	Briefly awakens with eye contact to voice ( $< 10$ seconds)
-3	Moderate sedation	Movement or eye openings to voice (but no eye contact)
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation
-5	Unarousable	-

## APPENDIX B: Mobility Levels

Mobility Level	Interventions
<b>Level 1</b> <b>RASS -5 to +2</b> Functional Level: <b>Total Assist</b>	<ul style="list-style-type: none"> <li>PROM BID x 10 repetitions with family/nursing staff/nursing assistant staff</li> <li>Splinting and repositioning every 2 hours by nursing staff/nursing assistant staff</li> <li>Bed in chair position BID by nursing staff/nursing assistant staff for 20 minutes to 2 hours</li> <li>Skilled therapeutic interventions by PT/OT as indicated</li> </ul>
<b>Level 2</b> <b>RASS -2 to +2</b> Functional Level: <b>Maximum to Moderate Assist</b>	<ul style="list-style-type: none"> <li>ROM exercises BID x 10 repetitions with family/nursing staff/nursing assistant staff</li> <li>Splinting and repositioning every 2 hours by nursing staff/nursing assistant staff</li> <li>Bed in chair position BID by nursing staff/nursing assistant staff for 20 minutes to 2 hours</li> <li>OOB to neuro chair with family/nursing staff/nursing assistant staff for 30 minutes to 2 hours</li> <li>Skilled therapeutic interventions by PT/OT as indicated</li> <li>Participate in ADL</li> </ul>
<b>Level 3</b> <b>RASS -1 to +2</b> Functional Level: <b>Moderate Assist to Supervision</b>	<ul style="list-style-type: none"> <li>Home exercise program BID</li> <li>Reposition every 2 hours while in bed</li> <li>OOB to bedside chair for 30 minutes to 2 hours</li> <li>Ambulate as directed by PT/OT</li> <li>Skilled therapeutic interventions by PT/OT as indicated</li> <li>Participate in ADL</li> </ul>

## APPENDIX C: Signs of Intolerance

- Oxygen saturation  $< 88\%$
- Increased work of breathing
- Use of accessory muscles
- Perioral cyanosis
- Breath holding
- Nasal flaring
- Subcostal retractions
- Change in character of cry
- Development of any contraindications
- Vital signs outside of pediatric normative values (see Appendix D)
- Irritability

## APPENDIX D: Pediatric Normative Values

Age Group	Respiratory Rate per minute	Heart Rate per minute	Systolic Blood Pressure (mmHg)
Newborn ( $< 1$ month)	30-50	120-160	50-70
Infant (1-12 months)	20-30	80-140	70-100
Toddler (1-3 years)	20-30	80-130	80-110
Preschooler (4-5 years)	20-30	80-120	80-110
School age (6-12 years)	20-30	70-110	80-120
Adolescent ( $> 12$ years)	12-20	55-105	110-120

### Key

Total Assist (patient performs 0-24%)  
 Maximum Assist (patient performs 25-49%)  
 Moderate Assist (patient performs 50-74%)  
 Minimum Assist (patient performs 75-99%)  
 Supervision (assist patient with set up and/or cuing)

ROM = range of motion  
 OOB = out of bed  
 ADL = activities of daily living  
 BID = twice daily

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## DEVELOPMENT CREDITS

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

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