Early Mobility and Safe Patient Handling

Expected Clinical Practice for the R.N.
Learning Objectives

By the end of this presentation the learner will be able to:

- Demonstrate the ability to assess patients mobility status utilizing the *Banner Mobility Assessment Tool for Nurses, BMAT*.
- Demonstrate the ability to identify equipment options for safely mobilizing your patient.
- Identify the mobility level of your patient.
SPHM Equipment

Floor based total lifts

Ceiling mounted total lifts

Early Mobility and Safe Patient Handling
SPHM Equipment

Mechanical sit-to-stand

Non-powered stand aids

Early Mobility and Safe Patient Handling
SPHM Equipment

- Repositioning sheet
- Ambulation vest
- Universal sling for total lift
- Safety vest for sit-to-stand
- Limb sling or Multi-strap
Learning the Patient Mobility Assessment

- Before you start mobilizing your patient, the RN must learn to properly assess how the patient mobilizes.
- Your assessment results will be posted on the slider outside the patient door, on the white board or another visible location as determined by your facility.
- Bedside staff will know what equipment may be needed for each patient.
- The patient mobility assessment must be completed and documented for EVERY patient on EVERY shift.
# BMAT- Banner Mobility Assessment Tool for Nurses

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Pass</th>
<th>Fail</th>
<th>MOBILITY LEVEL 1</th>
<th>MOBILITY LEVEL 2</th>
<th>MOBILITY LEVEL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Sit and Shake</td>
<td>From a semi-reclined position, ask the patient to sit upright and rotate to a seated position at the side of the bed. Ask patient to reach across midline to shake your hand.</td>
<td><strong>Pass</strong></td>
<td><strong>Fail</strong></td>
<td><strong>MOBILITY LEVEL 1</strong></td>
<td><strong>MOBILITY LEVEL 2</strong></td>
<td><strong>MOBILITY LEVEL 3</strong></td>
</tr>
<tr>
<td></td>
<td><em>If your patient is on strict bed rest or has weight bearing restrictions, do not proceed with assessment.</em> <strong>MOBILITY LEVEL 1</strong></td>
<td><strong>MOBILITY LEVEL 2</strong></td>
<td><strong>MOBILITIY LEVEL 3</strong></td>
<td><strong>Non-powered stand aid. Walker, Gait belt, cane, or crutches, or ambulation equipment may be used. Encourage independent bed mobility.</strong></td>
<td><strong>Modified Independence</strong></td>
<td><strong>Use your best clinical judgment to determine whether supervision for ambulation is needed.</strong></td>
</tr>
<tr>
<td>2- Stretch and Point</td>
<td>Ask patient to extend leg forward until it is straight at the knee. Ask the patient to point and flex his foot. Repeat with other leg.</td>
<td><strong>Pass</strong></td>
<td><strong>Fail</strong></td>
<td><strong>MOBILITY LEVEL 1</strong></td>
<td><strong>MOBILITY LEVEL 2</strong></td>
<td><strong>MOBILITY LEVEL 3</strong></td>
</tr>
<tr>
<td>3- Stand</td>
<td>Ask the patient to elevate off the bed or chair using an assistive device if needed. Patient should be able to raise buttocks off bed and hold for a count of five.</td>
<td><strong>Pass</strong></td>
<td><strong>Fail</strong></td>
<td><strong>MOBILITY LEVEL 1</strong></td>
<td><strong>MOBILITY LEVEL 2</strong></td>
<td><strong>MOBILITY LEVEL 3</strong></td>
</tr>
<tr>
<td>4- Walk</td>
<td>Ask the patient to march in place at bedside. Then ask the patient to advance step and return each foot.</td>
<td><strong>Pass</strong></td>
<td><strong>Fail</strong></td>
<td><strong>MOBILITY LEVEL 4</strong></td>
<td><strong>MOBILITY LEVEL 3</strong></td>
<td><strong>MOBILITY LEVEL 4</strong></td>
</tr>
</tbody>
</table>
Mobility Assessment Level 1

*Determine baseline assistive equipment used at home.*

**Sit and Shake**

- From a semi-reclined position, ask the patient to sit upright and rotate to a seated position at the side of the bed.
- Ask patient to reach across midline to shake your hand.
FAIL

Patient is unable to complete all tasks:

Patient is MOBILITY LEVEL 1

Total lift equipment should be used.
Consider repositioning sheet, slide sheets, or other lateral transfer assistance for bed mobility or bed to bed transfers

PASS

Patient is able to complete all tasks for level one:

Proceed to

ASSESSMENT LEVEL 2
Mobility Assessment Level 2

**Stretch and Point**
Ask patient to extend leg forward until it is straight at the knee.
Ask the patient to point and flex his foot.
Repeat with other leg.

*Patient must perform tasks bilaterally.
FAIL

Patient is unable to complete all tasks:

Patient is **MOBILITY LEVEL 2**

Powered Stand aid or total lift should be used.

Lateral transfer aids for bed mobility and bed to bed transfers should be considered. Repositioning sheets, slide sheets and roll boards can be used. Begin encouraging patient to assist with bed mobility as tolerated

PASS

Patient is able to complete all tasks for level one and two:

Proceed to

**ASSESSMENT LEVEL 3**
Mobility Assessment Level 3

Obtain assistive equipment (walker, gait belt, cane) if needed.

**Stand**

- Ask the patient to elevate off the bed or chair using an assistive device if needed. Patient should be able to raise buttocks off bed and hold for a count of five.
FAIL

If patient is unable to perform tasks or requires assistive devices to complete level 3 tasks:

Patient is **MOBILITY LEVEL 3**

Non-powered stand aid. Walker, Gait belt, cane, or crutches, or ambulation equipment may be used.

Encourage patient to perform bed mobility and bed to bed transfers independently.

PASS

Patient able to complete all tasks with NO assistive devices required

Proceed to **ASSESSMENT LEVEL 4**
**Walk**

- Ask the patient to march in place at bedside.
- Then ask to the patient to advance step and return each foot.
FAIL

If patient is unable to complete tasks of level 4 independently patient is

MOBILITY LEVEL 3

PASS

If patient is able to perform tasks of Level 4 Assessment patient has Modified Independence and is

MOBILITY LEVEL 4

No assistance needed to ambulate; use your best clinical judgment to determine need for supervision during ambulation
Getting Started

- Mobility assessment is the first step in mobilizing your patient.
- See your unit based Safe Patient Handling and Movement (SPHM) Champion, unit based educator, SPHM-Specialist, or RN Manager if you have questions or concerns.
- You will learn to use the equipment in hands-on training sessions.
- See your SPHM Department webpage for more resources.
References


Polakow, Linda PT; Katherine Schultz, PT; Karen Schumacher, PT; and Brian Wright, PT; Maximizing Patient Functionality in a Safe Lifting Environment; research project presented at 2007 SPHM conference in Lake Buena Vista, Florida.

AORN Guidance Statement: Safe patient handling and movement in the perioperative setting. 2007