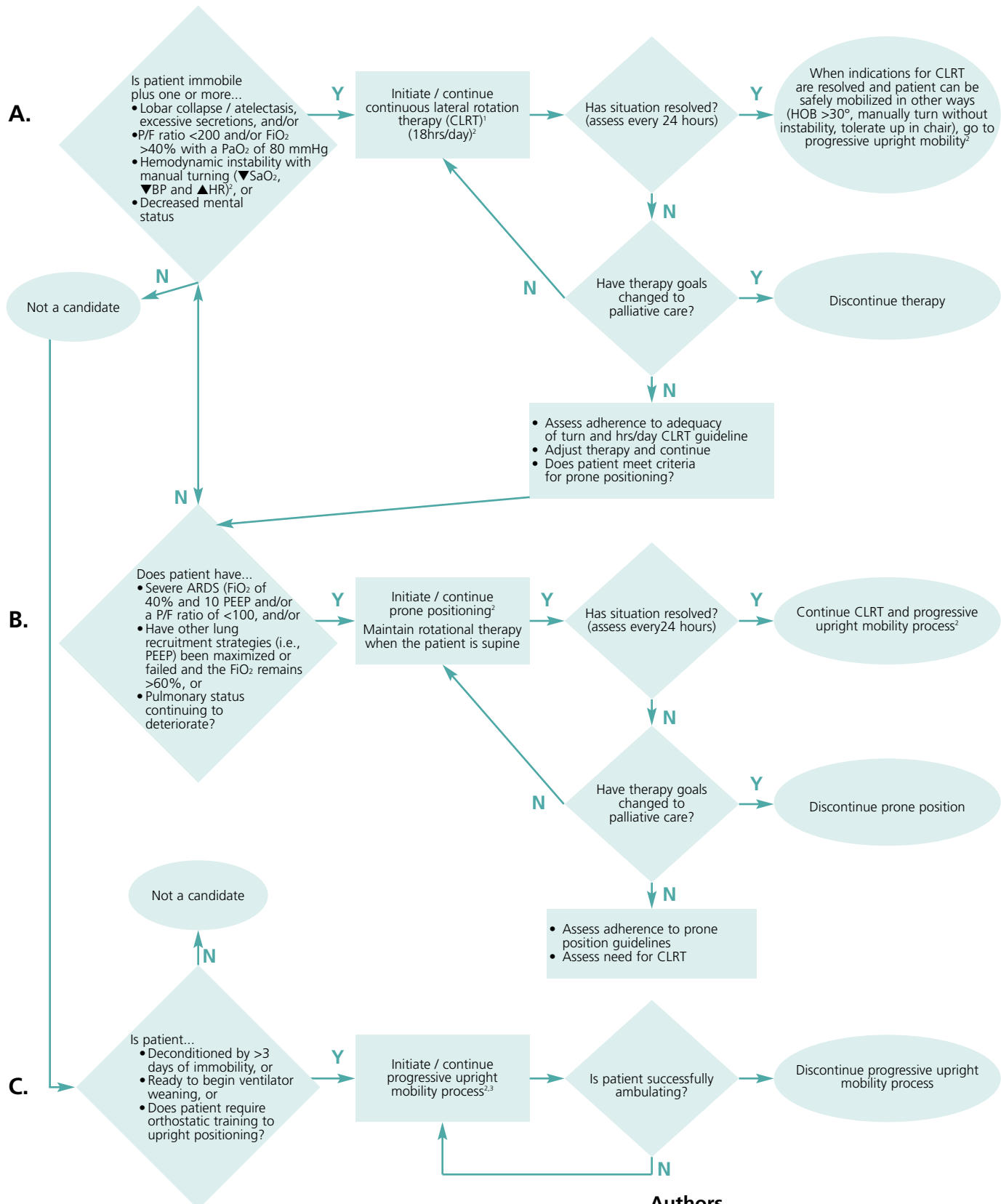


# Progressive Mobility Algorithm for Critically Ill Patients

**Mobility Recommendation: Turn Patient Every Two Hours, Assess Every Twelve Hours for Risk for Pulmonary Complications and Deconditioning and Follow Appropriate Process**



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- (1) Continuous Lateral Rotation Therapy: Use of an air cushion surface for continual rotation of a patient along a longitudinal axes that places one lung above the other.
- (2) Hemodynamic tolerance: With any new position, the patient requires a five to ten minute equilibration period before determining hemodynamic intolerance/instability to the position change.
- (3) Progressive Upright Mobility Process:
  - HOB elevated 45°<sup>2</sup>
  - HOB elevated 45° plus legs in dependent position (Cardiac chair or partial chair)<sup>2\*</sup>
  - HOB elevated 65° plus legs in full dependent position (Full bed chair)<sup>2\*</sup>
  - HOB elevated 65° plus legs in full dependent position and feet on the floor plus standing<sup>2\*</sup>
  - Initiate pivot/walking and perform full chair bed position (65° with feet down) four x per day for a 1-2 hour period. (If chair bed unavailable, bed side chair 2x daily for 1-2 hours)<sup>2</sup>
  - If chair bed in use, patient should get out of bed using the pivot ambulation mechanism at least once daily for psychological reasons.

\* If the patient's abdomen is large try a lesser degree angle on the HOB when in a sitting position.

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