

# Early Nursing Activity Assessment

## **Purpose:**

To provide guidelines to follow for all inpatients regarding activity level

## **Who:**

All inpatients with the exception of SICU, CICU, and Mother Baby

- Initially trialed on one unit July 5, 2016 then implemented house wide September 13, 2016
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# Evidence

- 2012 Study at Central DuPage Hospital (Illinois)
    - Large community hospital
    - Study conducted on 16 bed med/surg ICU and 26 bed intermediate care unit
    - Adult patients, hospitalized 72 hours or longer
    - Multidisciplinary team to develop mobility protocol
    - ICU results: 6.2 % to 20.2%
    - IMCU results: 15.5% to 71.8%
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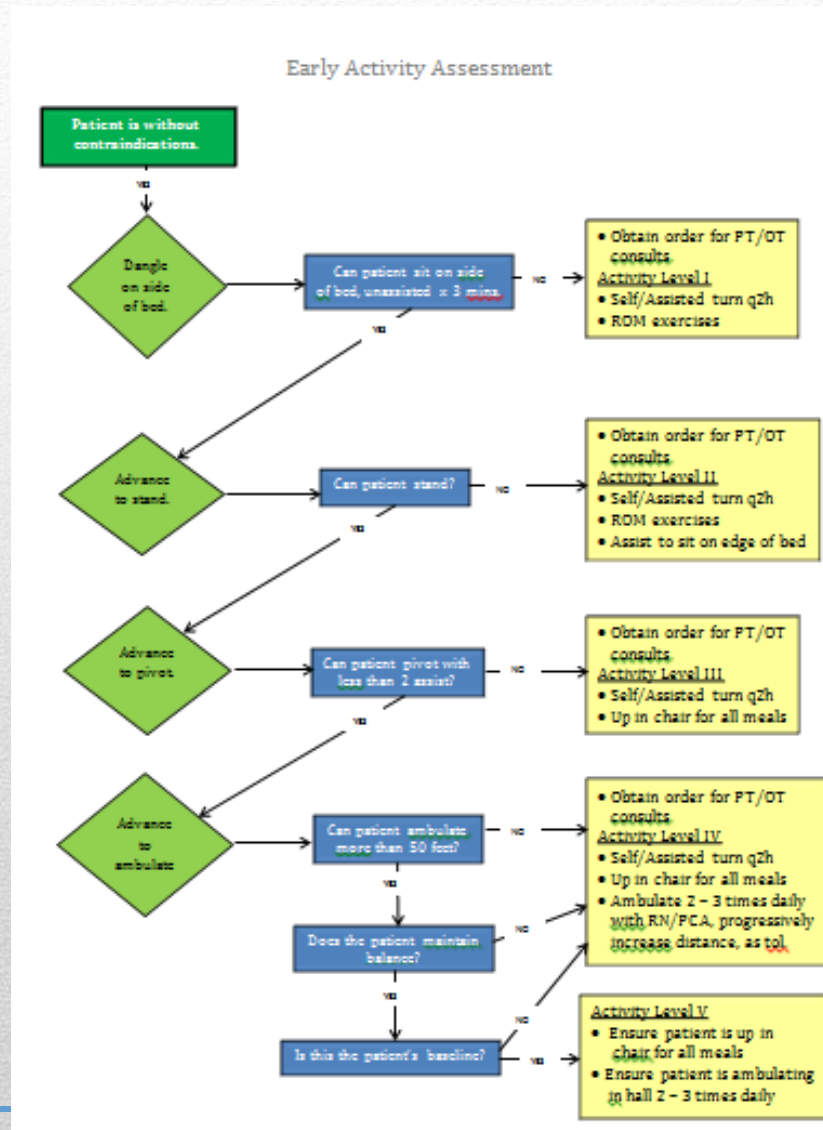
# Hardin Memorial Hospital

- We initiate guidelines on all patients with the exception of SICU, CICU, and MB unless patient on bedrest or order to not use the guidelines.

Initial assessment is done on admission and each shift

- \*Patients transferred and re-assessed during the shift
  - \*Re-assess each shift to ensure appropriate activity level
  - \*Follow the Algorithm
  - \*Assist with Activity
  - \*Document Activity (Distance, Devices, etc...)
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# Early Activity Guidelines Algorithm



## Early Nursing Activity

Contraindications:	When to Start:
Hypoxemia: O2 saturation less than 90% (exception COPD patient use baseline <u>sats</u> )	Initial mobility assessment on admission
Tachypnea: respiratory rate greater than 35	O2 saturation greater than 90% (exception COPD patient use baseline <u>sats</u> )
Continuous infusion of a vasodilator medication	HR less than 110 at rest and greater than 50
Addition of a new anti-arrhythmic agent within 24 hours	
Unstable arrhythmia within previous 24 hours	
New DVT/pulmonary emboli (first 24 hours)	
Compartment syndrome	
New cardiac ischemia within 24 hours	
Acute CVA (first 24 hours)	
CSF leak	
Unstable spine/extremity fracture/acute fracture	
Hemoglobin less than 7 g/dL	
Platelet count less than 20,000	
Blood Pressure SBP greater than 200 or less than 90	
Heart rate greater than 110 or less than 50	
Grave Prognosis-progression to comfort care	
Order for Bed Rest	
Bedrest with bathroom privileges	
Bed Bound	

**Goal: To maintain baseline mobility and ROM**

**Follow Early Nursing Activity Guideline Algorithm**



<p><b><u>Criteria to Stop active Mobility/Activity:</u></b></p> <ul style="list-style-type: none"> <li>HR greater than 150</li> <li>SBP greater than 200 or less than 90 mmHg</li> <li>O2 saturation less than 90%</li> <li>Syncope episode</li> <li>Pain to patients tolerance</li> </ul> <p>Reassess at next scheduled session</p>	<p><b><u>Interventions:</u></b></p> <ul style="list-style-type: none"> <li>*If patient does not progress through the activity algorithm, trigger PT and OT for evaluation</li> <li>*if PT/OT triggered, the nursing staff/PCAs are to mobilize the patient 1-2 times daily in addition to PT/OT as tolerated</li> <li>*If patient tolerates chair activity, then patient should be up in Chair for all meals as tolerated</li> <li>*Patients requiring airborne or AFB precautions may not participate in physical activity outside the room</li> </ul>
<p><b><u>Criteria to Hold Mobility/Activity for the day:</u></b></p> <ul style="list-style-type: none"> <li>Reassess in 24 hours</li> <li>Persistent Hypotension</li> <li>Acute MI</li> <li>Uncontrolled dysrhythmia</li> </ul>	<p><b><u>Support Neuromuscular weakness:</u></b></p> <ul style="list-style-type: none"> <li>Make sure sufficient support personnel are available to keep patient safe</li> <li>Provide and encourage frequent rest periods during activity</li> </ul>

- ✓ Nursing assistants report increased communication from nurse's regarding patients activity level and abilities
  - ✓ We have collected data on:
    - \*appropriate use of the tool
    - \*consistent use of the tool
    - \*timeliness of ambulation
    - \*increased distance
  - ✓ Next stages is to correlate increased activity related to falls. The Falls committee to own the process and monitoring outcomes.
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The Data collected is a random sampling of all inpatient units with exception on SICU, CISU, Peds, and OB.

October 2016: 100% utilized the tool  
27% utilized correctly and documented activity  
4th Quarter 2017: 100% utilized the tool  
96% utilized correctly and documented activity

We are ambulating in hall, to chair, and to bathroom. Goal is to increase distance walked and more frequent.

# Data

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