

UNC PICU UP! Early Activity and Mobilization Guidelines

EXCLUDED	
	<ul style="list-style-type: none"> • Hemodynamically unstable • Active hemorrhage • Unstable ICP • Full spinal precautions • Open chest • Open abdomen

SPECIAL SITUATIONS	
(Discuss level on rounds)	
	<ul style="list-style-type: none"> • Unstable fracture • Receiving inhaled nitric oxide • Intracardiac lines • Neurosurgical patient with restrictions

Inclusion Criteria	Level 1*	Level 2*	Level 3*
	 <ul style="list-style-type: none"> • Intubated/tracheostomy with FiO2 >60% • Intubated difficult airway • New tracheostomy prior to first trach change • RASS <-3 • Escalating or high dose vasopressor (other than milrinone) • HFOV • VA ECMO • Spinal precautions 	 <ul style="list-style-type: none"> • Intubated or tracheostomy with FiO2<60% • RASS > or = -2 • Noninvasive respiratory support with FiO2>60% • Stable or weaning vasopressor • CRRT/temporary PD • VV ECMO with stable flows during turns 	 <ul style="list-style-type: none"> • Noninvasive respiratory support with FiO2 <60% • Baseline pulmonary support
Activities	<ul style="list-style-type: none"> • HOB elevated > 30° • Turn q2h • PT/OT consult • Passive range of motion • Positioned in developmentally supportive position or as recommended by OT/PT • Four handed care to decrease stress • Positive touch for infants and toddlers • CAPD assessment BID if RASS >-3 	<u>Level 1 activities PLUS:</u> <ul style="list-style-type: none"> • Sitting up in bed TID • Team to consider OOB to chair, possible ambulation • Assess need for daily schedule • Assess for difficulty with communication or phonation and need for SLP consult 	<u>Level 1 activities PLUS:</u> <ul style="list-style-type: none"> • OOB to chair TID or sitting up in bed TID if appropriate chair is not available • Ambulate BID if trunk control present

CHECK LIST FOR OOB ACTIVITES	CRITERIA to PAUSE and REASSES
<ul style="list-style-type: none"> <input type="checkbox"/> Multidisciplinary team present (RT, RN, PT, OT, charge nurse, family, physician if needed) <input type="checkbox"/> Clear job assignments (person in charge of airway, ventilator, pole, watching vital signs) <input type="checkbox"/> Disconnect all unnecessary devices (feeds, PIV) <input type="checkbox"/> Ensure equipment cords have enough room <input type="checkbox"/> Ensure clear pathway to patient <input type="checkbox"/> Ensure emergency equipment is in the room <input type="checkbox"/> TIME OUT before progressing with activity 	<ul style="list-style-type: none"> • Change in HR of >20% • Change in BP of > 20% • Decrease SaO2 >15% • Increase FiO2 >20% • Increase ETCO2 >20% • Ventilator asynchrony • Respiratory distress • New arrhythmia • Change in mental status/fatigue/pallor

DAILY ROUTINE FOR ALL PATIENTS:	
	<ul style="list-style-type: none"> • Lights on/shades up by 0900 • Bed/bath/weight by 2300 • Lights dimmed/out by 2300 (Increase lighting as needed for cares/interventions) • TV limited to 30 minutes at a time and a goal of: <ul style="list-style-type: none"> - <2 years of age: <1 hour a day - >2 years of age: <2 hours a day -TV turned OFF when sleeping