

Safe to mobilize		Low risk
<b>Mobilization possible with caution</b> <ul style="list-style-type: none"><li>Stable/weaning vasoactive support, hypertension</li><li>Mechanical ventilation; ↑WOB</li><li>Post-craniectomy,EVD/ICP monitor, spinal cord injury, pain, delirium</li><li>Specific surgical or orthopaedic restrictions</li><li><b>Other:</b> Invasive catheters, CRRT, coagulopathy, thrombus, osteopenia, joint laxity/spasticity, postural hypotension/ autonomic dysreflexia</li></ul>		Moderate risk*
<b>High risk for mobilization</b> <ul style="list-style-type: none"><li>Escalating vasoactive support, unstable/uncontrolled arrhythmia or systemic/pulmonary hypertension, myocardial ischemia</li><li>Unstable airway, severe ARDS requiring escalating vent support, proning, HFOV, or iNO</li><li>Acute ICP, early stroke (&lt;24h), uncontrolled seizures, sudden unexplained ↓LOC</li><li>Major active bleed, unstable pelvic/spinal injury</li><li><b>Other:</b> femoral sheath, ECMO, neuromuscular blockade</li></ul>		High risk*

\*discuss with attending physician prior to 1<sup>st</sup> advance in HLM

1

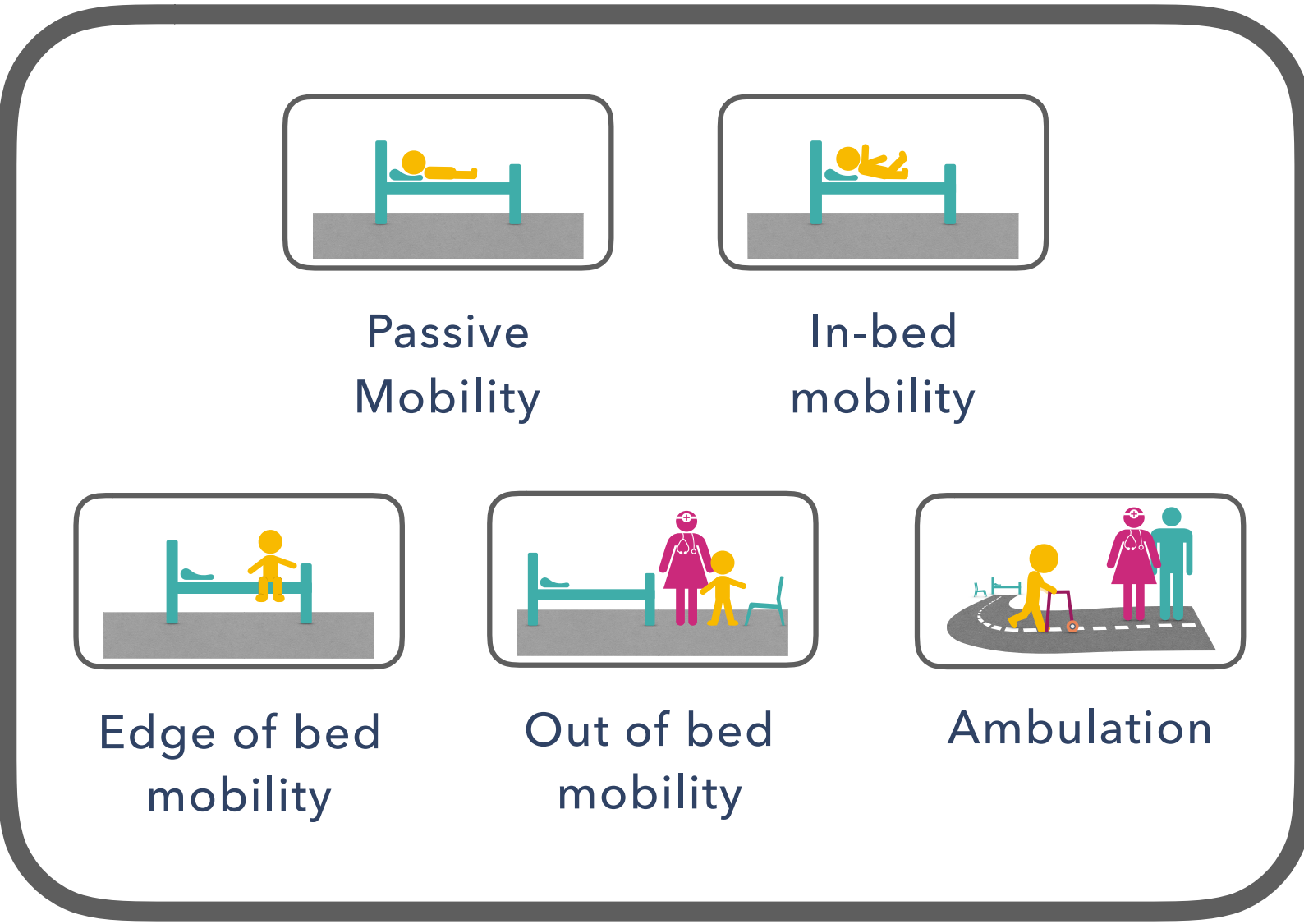
**ASSESS DAILY**

Risk category: safe to mobilize?  
Activity orders

3

**ACT**

Coordinate resources,  
schedule activity



2

**ASSIGN**

Set Daily Goal for Highest level of mobility (HLM)