You Want Me to What!?  
Mobility and CRRT Patients

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Really!?.....
Why Mobilize?

- Helps prevent complications associated with critical care
- Bedridden patients have an increased risk of death and other complications such as:
  - Delirium
  - Muscle wasting (including heart deconditioning)
  - Skin breakdown
  - Increased insulin resistance
  - Long term side effects affecting quality of life
What is Mobility?
Could it also be....
Mobility can take many different forms, and is not just up and walking around. Mobility can include:

- Turning side to side in the bed
- Passive and active Range of Motion exercises
- Sitting on the side of the bed and dangling legs
- Sitting in chair
- Standing at the bedside
- Marching in place
- And of course … walking
We often do not consider CRRT patients stable enough to mobilize, because we are thinking about walking and not all the other ways we could mobilize them.

Other patients that we are also challenged by:

- ECMO patients
- Hemodynamically unstable patients on high doses of vasoactive drugs
- Severely compromised respiratory patients
1. Determine if your patient is hemodynamic stability:
   - HR remains within 20% of today's baseline for 10 minutes prior to mobilizing. If >20% of baseline, re-evaluate mobilization plan or post-pone
   - MAP >65 mm Hg or at prescribed target
   - Stable, or decreasing vasoactive infusion rates (no big titrations in past 6 hours)

2. Stable oxygen requirements

3. If the patient has a femoral access line assess patency of line with hip flexion prior to mobilization

4. Secure line: ensure connections are tightened and checked prior to activity, use a tension loops to secure lines.

5. Get an activity order as required
Prepare for mobilization / transfer out of the bed by following the “ASK”:

A: Assessment & Appropriateness
S: Secure the CRRT site
K: Kinks and pressure – be aware

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There are different levels of mobility and it is important to assess to see what level to start your patient at.

In general start at level one and progress as tolerated by the patient.
# Mobility Levels

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<th>Level</th>
<th>Activities</th>
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| Level 1 | Turn & reposition Q2H (D = dependent, A = active / patient assist)  
          | Passive range of motion (ROM) T.I.D. with a minimum of 5 - 10 repetitions per exercise per joint including upper and lower extremities  
          | Lower Extremity: toe & ankle flexion, hip flexion & abduction, internal & external rotation, knee  
          | Upper Extremity: finger, wrist, elbow flexion & extension, shoulder abduction, internal & external rotation  
          | HOB elevation to 45° x 30 to 60 minutes B.I.D.                                                                                       |
| Level 2 | All Level 1 activities  
          | Sitting position (C = chair or B = bed) T.I.D.                                                                                           |
|         | Dangle T.I.D.                                                                                                                            |
| Level 3 | All Level 1 and 2 activities  
          | Standing / marching in place T.I.D.                                                                                                     |
|         | Walking as able (temporarily suspend CRRT)                                                                                              |
Are you ready to walk?

Is your CRRT patient ready to start walking?

If so, a few points to consider:

- Do they really need CRRT still? Can they be transitioned to HD?
- Use the re-circulate function on your CRRT machine if possible to save your filter.
Remember

• Assess your patient regularly

• Perform mobility appropriate for your patient regularly throughout the day (not just once!)

• If your patient does not tolerate mobility today, do not give up, reassess each day.
Early mobility may be an easy and meaningful way to help include family and patients in their care.

Teaching family how to assist with range of motion exercises, the importance of providing encouragement to the patient will allow them to have active role in caring for their loved one.
References


Questions/Comments?

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