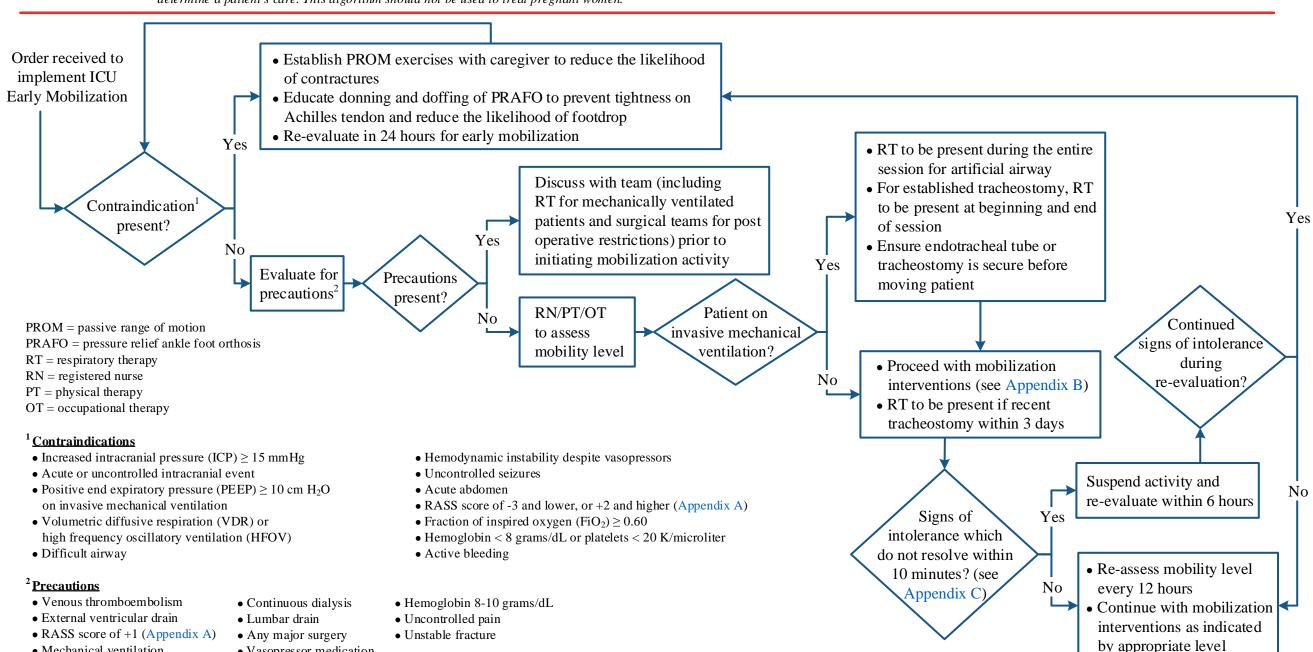


Making Cancer History®

MD Anderson ICU Pediatric Early Mobilization

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Department of Clinical Effectiveness V5

• Vasopressor medication

Mechanical ventilation



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APPENDIX A: Richmond Agitation Sedation Scale (RASS)

+4	Combative	Overly combative, violent, immediate danger to staff		
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive		
+2	Agitated	Frequent non-purposeful movement, fights ventilator		
+1	Restless	Anxious, but movements not aggressive or vigorous		
0	Alert and calm	-		
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (greater than or equal to 10 seconds)		
-2	Light sedation	Briefly awakens with eye contact to voice (less than 10 seconds)		
-3	Moderate sedation	Movement or eye openings to voice (but no eye contact)		
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation		
-5	Unarousable	-		

APPENDIX B: Mobility Levels

Mobility Level	Interventions		
Level 1 RASS -5 to +2 Functional Level: Total Assist	 PROM BID x 10 repetitions with family/nursing staff/nursing assistant staff Splinting and repositioning every 2 hours by nursing staff/nursing assistant staff Bed in chair position BID by nursing staff/nursing assistant staff for 20 minutes to 2 hours Skilled therapeutic interventions by PT/OT as indicated 		
Level 2 RASS -2 to +2 Functional Level: Maximum to Moderate Assist	 ROM exercises BID x 10 repetitions with family/nursing staff/nursing assistant staff Splinting and repositioning every 2 hours by nursing staff/nursing assistant staff Bed in chair position BID by nursing staff/nursing assistant staff for 20 minutes to 2 hours OOB to neuro chair with family/nursing staff/nursing assistant staff for 30 minutes to 2 hours Skilled therapeutic interventions by PT/OT as indicated Participate in ADL 		
Level 3 RASS -1 to +2 Functional Level: Moderate Assist to Supervision	 Home exercise program BID Reposition every 2 hours while in bed OOB to bedside chair for 30 minutes to 2 hours Ambulate as directed by PT/OT Skilled therapeutic interventions by PT/OT as indicated Participate in ADL 		

APPENDIX C: Signs of Intolerance

- Oxygen saturation less than 88%
- Increased work of breathing
- Use of accessory muscles
- Perioral cyanosis
- Breath holding • Nasal flaring
- Subcostal retractions
- Change in character of cry
- Development of any contraindications
- Vital signs outside of pediatric normative values (see Appendix D)
- Irritability

APPENDIX D: Pediatric Normative Values

Age Group	Respiratory Rate per minute	Heart Rate per minute	Systolic Blood Pressure (mmHg)
Newborn (less than 1 month)	30-50	120-160	50-70
Infant (1-12 months)	20-30	80-140	70-100
Toddler (1-3 years)	20-30	80-130	80-110
Preschooler (4-5 years)	20-30	80-120	80-110
School age (6-12 years)	20-30	70-110	80-120
Adolescent (greater than 12 years)	12-20	55-105	110-120

PROM = passive range of motion

ROM = range of motion

OOB = out of bed

ADL = activities of daily living

BID = twice daily

Key

Total Assist (patient performs 0-24%)

Maximum Assist (patient performs 25-49%)

Moderate Assist (patient performs 50-74%)

Minimum Assist (patient performs 75-99%)

Supervision (assist patient with set up and/or cuing)

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the ICU Pediatric Mobilization experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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