## Perme Intensive Care Unit Mobility Score Instructions

The goal of the Perme Intensive Care Unit Mobility Score is to assess the mobility status of patients in ICU at a specific moment in time. The authors recommend that:

- 1. The scoring of mobility activities be based on <u>what the patient</u> does and **NOT** on <u>what the patient could potentially do</u>
  - 2. The score sheet is filled out immediately after the mobility activities are completed.

atus	1. Alertness upon arrival	The patient alertness is observed upon arrival and initial contact with the rater.	
Mental Status	2. Is the patient is able to follow 2 out 3 commands	The patient is asked to perform 3 consecutive commands. For patients with obvious and profound weakness of the extremities we suggest the following commands: blink your eyes, stick your tongue out, move your head up/down.	
Potential Mobility Barriers	The evaluator should consider the presence of potential barriers to mobility at any time during the mobility activities.		
	3. Is the patient on Mechanical Ventilation OR Non- Invasive Ventilation	It includes ventilatory support through on endotracheal tube, tracheostomy or a mask (Non-Invasive Ventilation).	
	4. Pain	The patient experiences or does not experience any pain at any time during mobility activities.	
	5. The patient has 2 or more of the following	The clinician carefully examines the patient and indicates any lines, tubes, catheters, and devices connected to the patient's body, even when not in use. (e.g.: Central venous catheter not connected to anything, a dialysis catheter when patient is not in dialysis).	
	6. Is the patient on any drips	A drip is considered any kind of continuous intravenous infusion such as: vasopressors, inotropes, insulin, antiarrhythmic, sedation, antibiotics, fluids, electrolyte replacement, blood transfusions, etc.	
Functional Strength	7. Legs	The patient is asked to raise each leg separately with knee straight against gravity. The patient should have approximately 20 degrees of hip flexion, and should be in supine or semi recumbent position otherwise the score is zero.	
	8. Arms	The patient is asked to raise each arm separately with elbow straight against gravity. The patient should have at least 45 degrees of shoulder flexion, and can be in supine or sitting position.	

Bed Mobility	9. Supine to sit	The patient is asked to move in bed from supine or semi- recument to the sitting position. If the patient is unable to initiate the task, then physical assistance as well as verbal and tactile cues are offered by the clinician in order to complete the task.
	10. Static Sitting balance on side of bed once position is established	The level of assistance should be determined once the patient assumes the sitting position.
Transfers	11. Sit to stand	From the sitting position on the side of bed, chair, wheelchair or recliner the patient is asked to move into the standing position.
	12. Static Standing balance once position was established	The level of assistance should be determined once the patient assumes the standing position.
	13. Transfer from bed to chair OR chair to bed	The patient is asked to move from the bed to a chair, wheelchair, stretcher chair, and recliner <b>OR</b> to move from any of those options back to bed. If the patient was already out of bed and did not return to bed, the activity should be scored as "NOT ASSESSED".
Gait	Gait activity is defined as a_sequence of foot movements in which the complete gait cycle is completed several times.  During the gait activity, the patient can use a walker, cane, any other assistive device, or walk without an assistive device. Steps along the bed or during transfers should not considered gait.	
Endurance	15. Endurance (Distance walked in 2 minutes including sitting or standing rest periods, with or without an assistive device, and regardless of level or assistance required)	The patient is asked to walk as tolerated for two minutes,. "TWO MINUTES" is defined by having a clinician monitor for a continuous two-minute period on a watch. The total distance covered in 2 minutes is recorded. When walking, the patient is allowed to take standing or sitting rest breaks as needed. Any resting periods should be included in the 2 minute period.

## PERME ICU MOBILITY SCORE

Name of evaluator: ICU bed:

Page 1	Patient's name or number:		Date:	
		Time:		
MENTAL STATUS Maximum points = 3	1. Alertness upon arrival Unresponsive = 0 Lethargic = 1 Awake and alert = 2			
	2. Is the patient able to follow 2 out of 3 commands? No = 0 Yes = 1			
POTENTIAL MOBILITY BARRIERS Maximum points = 4	3. Is the patient on Mechanical Ventilation OR Non-Invasive Ventilation? * $Yes = 0$ No = 1			
* Upon initial contact with the patient or at any time during the	<ul><li>4. Pain *</li><li>Unable to determine or patient indicates to be in pain = 0</li><li>No pain = 1</li></ul>			
mobility interventions.	5. The patient has 2 or more of the following: * (circle) Supplemental oxygen device, Foley catheter, ETT, Trach, Central line, Peripheral IV, Arterial line, Dialysis catheter, PICC, PEG, PEJ, Nasogastric tube, Chest tube, Temporary pacemaker, Pulmonary artery catheter, Epidural PCA, IABP, LVAD, CRRT, Ventriculostomy, Lumbar drain, Wound VAC, or Other. Yes = 0 No = 1			
	6. Is the patient on any drips? * (Continuous intravenously infusion: Vasopressors, Inotropes, Insulin, Anti-arrhythmic, Sedation, Antibiotics, Fluids, Electrolyte replacement, Blood transfusions, etc.) Yes = 0 No = 1			
FUNCTIONAL STRENGTH Maximum points = 4	7. Legs – Is the patient able to raise the leg against gravity approximately 20 degrees, with knee straight?  No = 0  Yes = 1	Left Right		
	8. Arms – Is the patient able to raise arm against gravity approximately 45 degress, with elbow straight?  No = 0  Yes = 1	Left	Right	

ETT – Endotracheal tube, PICC – Peripherally Inserted Central Catheter, PEG – Percutaneous Endoscopic Gastrostomy, PEJ – Percutaneous Endoscopic Jejunostomy, Epidural PCA – Epidural Patient-controlled analgesia, IABP – Intra-Aortic Ballon Pump, LVAD – Left Ventricle Assist Device, CRRT – Continuous Renal Replacement Therapies, Wound VAC – Wound Vacuum-Assisted Closure.

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BED MOBILITY  Maximum points = 6	9. Supine to sit  Not assessed OR Total assistance (< 25%) = 0  Maximum assistance (25 to 50%) = 1  Moderate assistance (50 to 75%) = 2  Minimum assistance (> 75%) OR Supervision = 3				
	10. Static Sitting balance on side of bed once position is established  Not assessed OR Total assistance (< 25%) = 0  Maximum assistance (25 to 50%) = 1  Moderate assistance (50 to 75%) = 2  Minimum assistance (> 75%) OR Supervision = 3				
TRANSFERS Maximum points = 9	11. Sit to stand Not assessed OR Total assistance (< 25%) = 0 Maximum assistance (25 to 50%) = 1 Moderate assistance (50 to 75%) = 2 Minimum assistance (> 75%) OR Supervision = 3				
	12. Static Standing balance once standing position is established Not assessed OR Total assistance (< 25%) = 0 Maximum assistance (25 to 50%) = 1 Moderate assistance (50 to 75%) = 2 Minimum assistance (> 75%) OR Supervision = 3				
	13. Transfer from bed to chair OR chair to bed Not assessed OR Total assistance (< 25%) = 0 Maximum assistance (25 to 50%) = 1 Moderate assistance (50 to 75%) = 2 Minimum assistance (> 75%) OR Supervision = 3				
GAIT Maximum points = 3	14. Gait Not assessed OR Total assistance (< 25%) = 0 Maximum assistance (25 to 50%) = 1 Moderate assistance (50 to 75%) = 2 Minimum assistance (> 75%) OR Supervision = 3				
ENDURANCE Maximum points = 3	<b>15. Endurance</b> : Distance <u>walked in 2 minutes</u> , regardless of level of assistance required including rest periods (sitting or standing), with or without an assistive device.  Unable to walk or Not assessed = <b>0</b> Distance 5-50 feet = <b>1</b> Distance 51-99 feet = <b>2</b> Distance ≥ 100 feet = <b>3</b>				
MAXIMUM	TOTAL POINTS				
POINTS = 32					

## **COMMENTS:**