

Adult Bedside Mobility Assessment Tool (BMAT) for Nurses

ASSESSMENT	TEST	INTERVENTIONS
<p>Safety Screen Assessment: M: Myocardial O: Oxygenation V: Vasoactive E: Engaged S: Special Considerations</p>	<p>FAIL →</p> <p>PASS →</p>	<p>Strict Bedrest</p> <ul style="list-style-type: none"> Initiate falls bundle, if indicated Use equipment for repositioning in bed ROM exercises, minimum 5 repetitions <p>Continue with Sit and Shake Assessment</p>
<p>Sit and Shake Assessment (trunk strength and seated balance)</p>  <p>Instructions: (Obtain necessary assistive device, cane or walker.)</p> <ol style="list-style-type: none"> From a semi-reclined position, ask patient to sit at the side of the bed. May use bed rail. Note patient's ability to sit for > 2 minutes without caregiver assistance. Ask patient to reach out and grab your hand and shake making sure patient reaches across midline. 	<p>FAIL →</p> <p>PASS →</p>	<p>Mobility Level 1 – Bedfast/Dependent</p> <ul style="list-style-type: none"> Initiate falls bundle, if indicated ICU: consider PT/OT consult for RASS score -2 to +2 Use equipment for repositioning in bed Use chair position in bed or sit in chair for meals and/or ADLs Use equipment for transfers OOB Initiate Level 1 ROM exercises* <p>Continue to Stretch and Point Assessment</p>
<p>Stretch and Point Assessment (lower extremity strength and stability)</p>  <p>Instructions:</p> <ol style="list-style-type: none"> With patient seated, have patient place both feet on floor with knees no higher than hips. Ask patient to stretch one leg and straighten knee, then bend the ankle/flex and point toes. If appropriate, repeat with other leg. May test with only one leg (e.g. ankle cast, stroke). 	<p>FAIL →</p> <p>PASS →</p>	<p>Mobility Level 2 - Chairfast</p> <ul style="list-style-type: none"> Initiate falls bundle Use equipment for repositioning in bed Sit on edge of the bed or chair for meals and/or ADLs Use equipment for transfers OOB Initiate Level 2 ROM exercises* <p>Continue to Stand Assessment</p>
<p>Stand Assessment (lower extremity strength for standing)</p>  <p>Instructions: (Consider patient's cognitive ability, orientation, & presence of delirium.)</p> <ol style="list-style-type: none"> Ask patient to elevate off the bed or chair (seated to standing). May use assistive device (cane, bedrail). Patient should be able to raise buttocks off bed and hold for count of 5. May repeat once. May test with only one leg (e.g. ankle cast, stroke). 	<p>FAIL →</p> <p>PASS →</p>	<p>Mobility Level 3 – Stand and Transfer</p> <ul style="list-style-type: none"> Initiate falls bundle Sit on the edge of bed or chair for meals and/or ADLs Use equipment for transfers OOB, standing, and walking Initiate Level 3 ROM exercises* <p>Continue to Walk Assessment</p>
<p>Walk Assessment (standing balance and gait)</p>  <p>Instructions: (Use assistive device if needed.)</p> <ol style="list-style-type: none"> Ask patient to march in place at bedside. Then ask patient to advance step and return each foot. Assess patient's balance, stability, and safety awareness. 	<p>FAIL →</p> <p>PASS →</p>	<p>Mobility Level 3 – Stand and Transfer Implement Level 3 activities as above</p> <p>Mobility Level 4 – Walk</p> <ul style="list-style-type: none"> Initiate falls bundle, if indicated Walking in room and in hallway as able Use assistive devices as needed Encourage out of bed for meals and/or ADLs Initiate Level 4 ROM exercises*

Always default to the safest patient handling equipment if there is any doubt in patient's ability to perform task.

*Consider notifying provider to place PT/OT consult for patient not at baseline or who demonstrates declining mobility/ADL.

Safety Screen Assessment: M.O.V.E.S	
M: Myocardial	<ul style="list-style-type: none"> New MI by EKG or elevated cardiac enzymes (May progress activity level 24 hours after cardiac enzymes peak) New antiarrhythmic infusion added within last 12 hours New unstable dysrhythmia within last 12 hours Changes to Flolan (epoprostenol sodium) or Veletri dosing within last 30 minutes
O: Oxygenation	<ul style="list-style-type: none"> Sustained desaturation <88% or patient specific goal Increases in ventilator support within last 4 hours Current ventilator settings FiO2 >80%, PEEP >16, and plateau pressures >30 Oxygenation requirements of FiO2 100% in non-ventilated patients
V:Vasoactive	<ul style="list-style-type: none"> If on vasoactive drugs, RN will monitor the patient during ambulation activities Increase in vasoactive requirements over the last 2 hours New vasoactive added in last 2 hours
E: Engaged	<ul style="list-style-type: none"> Any new undetermined/undiagnosed change in neuro status Cervical or spinal injury without clearance from Neurology/Neurosurgery and/or Orthopedics
S: Special Considerations	<ul style="list-style-type: none"> Hemi-crani that does not have a helmet Neuromuscular blockade agents, epidurals, nerve blocks, special lines Combative or violent behavior (RASS +3 - +5)

Equipment and Assistive Device Options for Mobility Interventions and Fall Prevention								
	 Blue Liners 300 lbs/ 136 kg	 Hovermatt 1000 lbs/ 455 kg	 MaxiSky 600/1000 lbs 273/455 kg	 Loop, Reposition Slings 600/1000 lbs 273/455 kg	 MaxiMove 500 lbs/227 kg	 SaraPlus/ Encore 420 lbs/ 191 kg	 RoWalker 400 lbs/182 kg	 UltraMove 400 lbs/182 kg
			 Loop, Sling 600 lbs/ 273 kg	 Opera, Limb 154 lbs/ 70 kg			 SaraStedy 400 lbs/182 kg	
Strict Bedrest	X	X	X					
Mobility Level 1	X	X	X		X			
Mobility Level 2	X	X	X		X	X		
Mobility Level 3	X	X	X		X	X		X
Mobility Level 4								X
								
	Canes	Rollator	Crutches	Walker	UltraMove with footplate removed			

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