Activity & Mobility Promotion Fast Facts for Nurses: Documentation

BACKGROUND AND RATIONALE:

Evidence supports that lower levels of activity and mobility is associated with all-cause mortality and increased complications such as pressure ulcers, DVTs, respiratory complications, decreased endurance and increased debility. In addition, engaging and documenting activity and mobility assists with daily functional goal setting, improved communication across providers on functional status using a common language and meets regulatory requirements for documentation of function.

WHAT DOES THIS MEAN TO THE NURSE?

	Purpose	How to Use the Measure	How to Complete	Frequency
Highest Level of Mobility	Observation of mobility performed during the shift (What the patient did while in the hospital)	 To report daily mobility for care coordination; Set daily goals to progress performance while in the hospital Reasonable goal is to advance the patient on the scale one number per day 	RN or Clin T documents most advanced activity performed during waking hours over the period of time you cared for the patient	2 times per day
AM PAC Inpatient Assessments	Assessments of the patient's capacity to perform (What the patient can do or thinks they can do) Informs understanding of how they will function outside the hospital	 This scale includes both mobility and daily activity assessments. Total possible score on each scale is 24. When a raw score is 22-24 question the necessity of a therapy consult Report the raw score via multidisciplinary discussions and determine appropriate interventions/consultation when the score declines; Translated scores that allow for comparison of function across the continuum. A 10-point decrease on the T score is considered meaningful decline and the team should discuss appropriate interventions 	RN completes based on patient report and/or all information you know about the patient at the time	Admission and subsequent Mon, Wed & Fri