

Initial Patient Assessment

Assess patient’s mobility levels within 8 hours of admission to the ICU and reassess at least every shift.

Start at level 1 if the patient meets any of these criteria or skip to level 2.

PaO ₂ /FiO ₂	<250
Positive End-Expiratory Pressure (PEEP)	≥10 cm H ₂ O
O ₂ Saturation	<90%
Respiratory Rate (RR)	Not within 10-30 per minute
Cardiac Arrhythmias or Ischemia	New Onset
Heart Rate (HR)	<60 or >120 beats per minute
Mean Arterial Pressure (MAP)	<55 or >140 mm Hg
Systolic Blood Pressure (SBP)	<90 or >180 mm Hg
Vasopressor Infusion	New or increasing
Richmond Agitation Sedation Scale (RASS)	←3
Riker Sedation-Agitation Scale (SAS)	<3

Level 1: BREATHE

Patient Assessment:
RASS –5 to –3; SAS 1-2

(eg, cannot participate)



Activities

- Maintain HOB ≥30°
- q2hr turning
- Consider continuous lateral rotation therapy (CLRT)
- Passive range of motion (ROM) 2 times/day
- Up to 20° Reverse Trendelenburg/Tilt Table with lower extremity exercises/retracting footboard Min 15 mins/Max 60 mins | 1 time/day

Move to Level 2 when the Patient...

- Has acceptable oxygenation/hemodynamics
- Tolerates q2hr turning
- Tolerates HOB >30° or up to 20° Reverse Trendelenburg

Level 2: TILT

Patient Assessment:
RASS >–3; SAS >3

(eg, opens eyes; may have profound weakness)



Activities

- Maintain HOB ≥30°
- q2hr turning
- Passive/active ROM | 3 times/day
- Up to 20° Reverse Trendelenburg/Tilt Table with lower extremity exercises/retracting footboard Min 15 mins/Max 60 mins | 3 times/day
- Legs dependent 15-20 mins | 3 times/day
- Physical therapist (PT) consultation 1 time/day

Move to Level 3 when the Patient...

- Tolerates active-assistance exercises 2 times/day
- Tolerates lower extremity exercises against footboard/Up to 20° Reverse Trendelenburg
- Tolerates legs dependent / HOB 45°

Level 3: SIT

Patient Assessment:
RASS >–1; SAS >3

(eg, weak but may move arms/legs independently)



Activities

- Maintain HOB ≥30°
- q2hr turning (assisted)
- Active ROM | 3 times/day
- Encourage activities of daily living As tolerated
- Full chair position (footboard on) 60 mins | 3 times/day
- Dangling, if patient can move arm against gravity | As tolerated
- PT/ Occupational Therapy (OT) actively involved | 1 time/day

Move to Level 4 when the Patient...

- Tolerates increasing active exercise in bed
- Actively assists with q2hr turning or turns independently
- Tolerates full chair position 3 times/day

Level 4: STAND

Patient Assessment:
RASS >0; SAS >4

(eg, weak but may tolerate increased activity)



Activities

- Maintain HOB ≥30°
- q2hr turning (self/assisted)
- Active ROM | 3 times/day
- Encourage activities of daily living As tolerated
- Full chair position (footboard off/feet on the floor) | 3 times/day
- Stand attempts, if patient can move leg against gravity (use a sit-to-stand lift) 3 times/day
- Pivot to chair, if tolerates partial weight bearing | 2 times/day
- PT/OT actively involved | 1 time/day

Move to Level 5 when the Patient...

- Can successfully comply with all activities
- Tolerates trial periods of full chair position (footboard off/feet on the floor) 3 times/day
- Tolerates partial weight-bearing stand and pivots to chair

Level 5: MOVE

Patient Assessment:
RASS >0; SAS >4

(eg, weak but may tolerate increased activity)



Activities

- Maintain HOB ≥30°
- q2hr turning (self/assisted)
- Active ROM | 3 times/day
- Encourage activities of daily living As tolerated
- Patient stands/bears weight >1 min 3 times/day
- Patient marches in place | 3 times/day
- Ambulate to bedside chair to achieve “out-of-bed” (use a patient lift) 3 times/day
- PT/OT actively involved | 1 time/day

Continue to ambulate progressively longer distances as tolerated until patient consistently participates and moves independently.

Assessed to Level 1 or 2

Progress to Level 2

Progress to Level 3

Progress to Level 4

Progress to Level 5

End Protocol