

Appendix 1 – Criteria for the Mobilisation of Stroke Patients

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Approved by	Therapies Clinical Governance Approval Group
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Review Date	29 th March 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
March 2023	Document re-approved for 3 years with no changes	Therapies Clinical Governance Approval Group

Not to Mobilise

- Systolic BP > 180; <100
- Unconscious/ GCS < 8
- Oxygen Saturation < 94%, COPD patients < 88%
- Heart Rate < 40 or >100 bpm
- Severe neglect/compensation strategies making sitting out unsafe

NB. If patient is unable to get out of bed, good positioning in bed and regular changes of position can be very effective towards facilitating the patient's recovery and prevent complications of bed rest-bed sores, respiratory complications, muscle and joint stiffness.

Sit Out Only

- Able to tolerate sitting at edge of bed with assistance of 2-3 therapists.
- Head Control but low toned (if patient fatigue and loses head control , they can sit out in a suitable tilt in space recliner with head support)
- Drowsy but not unconscious
- Compensatory strategies can be managed with supports
- Previous phenotype- chairbound

To Mobilise (stand/walk)

- Able to sit in alignment with assistance of 1,2 or 3therapists.
- Alert and has an appropriate level of understanding.
- Appropriate amount of staff available to stand patient safely and in alignment (if not, may use Tilt Table or Electric Standing frame)
- Previous phenotype – able to stand/walk

* Caution with patients with postural hypotension – if systolic BP drops by 30mmHg, when the patient is either sat out or stood up, then it is advisable to return patient back to bed.

* Caution with patients who have had thrombolysis within the last 24 hours