



Efficacy & Safety of Very Early Mobilization within 24 Hours of Stroke Onset

Laurie Forbes PT,BSc,MCPA

Physiotherapist

Quinte Health Care - Belleville

*Preventing Complications Brag and Steal
Southeastern Ontario Stroke Symposium:
Best Practice Across the Care Continuum*

Context/Issue

- October 2015, Canadian Stroke Best Practice Recommendations revised in response to findings of the AVERT trial
- Frequent, out-of-bed activity in the very early time frame (within 24h of stroke onset) is not recommended

Intervention/Change Made

- Acute Stroke Team proposed a 24 hour mobilization restriction for admitted patients
- Acute Stroke Team met with other team members who receive referrals within the first 24 hours of stroke onset (ER/ICU/etc)
- Acute Stroke Team assumed role of informing staff/patients/ families
- Poster created to be placed on the patient's Communication Board

Implementation

- Review history to determine time of stroke onset
- Post the “poster” on communication board
- Write the hour of day when mobility restrictions are lifted
- Education patient, family and key staff

Patient's Name: MOBILITY, EARLY		Date: NOV 23 2016
Patient's Ability to Transfer In & Out of Bed: <input type="checkbox"/> Independent <input type="checkbox"/> Requires supervision <input checked="" type="checkbox"/> Requires assistance of one person <input type="checkbox"/> Requires assistance of two people <input type="checkbox"/> Other:		Patient's Nurse (s): MELISSA
Patient's Ability to Walk/Ambulate: <input type="checkbox"/> Independent <input type="checkbox"/> Requires supervision <input checked="" type="checkbox"/> Requires assistance of one person <input type="checkbox"/> Requires assistance of two people <input type="checkbox"/> Non-Ambulatory <input type="checkbox"/> Other: NOT YET		Patient's PSW: MICHELLE
Required Walking Aid: <input checked="" type="checkbox"/> None <input type="checkbox"/> Cane <input type="checkbox"/> Standard Walker <input type="checkbox"/> 4 Wheeled Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other:		Patient's Doctor: WEBSTER
Waiting For:	Goal to Discharge:	Diet: DAT
		Elimination: Urinal
Patient's Discharge Time Frame: <input checked="" type="checkbox"/> Greater than 3 days <input type="checkbox"/> Within 2 to 3 days <input type="checkbox"/> Within 24 hours EDD Date of Discharge: NOV 27 2016 Discharge Time is 10 am Please arrange for your transportation		Comments:

Mobilization in first 24 hours of onset of Stroke or TIA – For Admitted Patients

Mobilization is defined as "the process of getting a patient to move in bed, sit up, stand, and eventually walk."

Frequent, out-of-bed activity in the first 24 hours of stroke onset is not recommended.

If mobilization is required (i.e. for meals, using a urinal, etc.), please keep mobilization activity to intervals of less than 10 minutes in the first 24 hours.

Earliest date patient allowed to mobilize:
NOVEMBER 24 @ 0900



Mobility Guidelines

- Rest position: Head of Bed elevated to 30°
- Upright Posture Activity: any activity where head is $> 30^\circ$
- Amount of Upright Posture = 10 minutes
- Upright Posture Activities: brief assessments, brief medical interventions, bathroom privilege, eating

Measurement

- Still too early but we plan to look at:
 - alphaFIM
 - 30 day in hospital mortality rate
 - Etc.....

Successes, Challenges & Opportunities

- Success = Increased awareness within Acute Stroke Team of AVERT trial
- Challenge = To educate other frontline staff
- Opportunity = Incorporate formally into stroke pathway/ order set
- Future = await further quantitative studies

Contact for more information:

www.strokebestpractices.ca



HEART &
STROKE
FOUNDATION

CANADIAN
Stroke
BEST PRACTICE
RECOMMENDATIONS

Natasha Uens

Lead Therapist

nuens@qhc.on.ca

Phone: 613-969-7400 x 2212

