**Supplemental Table 37. Summary of evidence for physical rehabilitation or mobilization performed either in-bed or out-of-bed STOPPING criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| Parameter | Lowestreported values | Highest reported values | Comments |
| Cardiovascular |
| Heart Rate (HR) in beats/minute  | <40 [1-3] to <50 [4]  | >120 [5] >130 [1-3]>140 [4, 6] | 7 unique studies reported heart rate considerations. 6 reported specific threshold values. 2 reported stop criteria in relationship to maximal or baseline HR.1 study reported >70% maximum HR as stop criteria [7]. 1 study reported HR increase > 20 during session as stop criteria [6].  |
| Mean Arterial Pressure (MAP) in mmHg | <55 [8] to <65 [1, 2, 4] | >110 [1, 3, 9]>120 [4] >140 [8] | 11 unique studies reported a blood pressure parameter to guide cessation of therapy. 6 studies used MAP values. 7 studies used SBP values. 1 study used DBP values (in addition to SBP). 3 studies used less defined parameters of either a percentage decrease or clinical judgment related to symptomatic or instability. No study described the duration of concerning changes in blood pressure before stopping the session.1 study reported a decrease of SBP or DBP decrease of 20% as stop criteria [7]. 1 study reported a SBP decrease of 20% below baseline during session as stop criteria [6].1 study reported an increase of 10mmHg in SBP or DBP in renal patients as stop criteria [10]. |
| Systolic Blood Pressure (SBP) in mmHg | <90 [5]  | >180 [7, 11, 12] >200 [1, 3, 6] |
| Diastolic BP (DBP) in mmHg |  | >110 [6] |
| Chest Pain/Cardiac Ischemia |  |  | 4 unique studies used the concern for/onset of chest pain or cardiac ischemia as a stop session criteria; no study indicated the duration of chest pain to guide the decision to stop.3 studies report presence/occurrence of chest pain during session results in stop [2, 6, 11].1 study reports “concern for myocardial ischemia” as stop criteria [1].  |
| New/Symptomatic arrhythmia  |  |  | 8 unique studies indicated that a dysrhythmia would stop a session but no study detailed the frequency, duration or type of dysrhythmia. 6 studies use the term “arrhythmia” as stop criteria [1-4, 11, 12].1 study uses the term “malign arrhythmias” [7].1 study states “dysrhythmia requiring addition of new antiarrhythmic agent” [13]. |
| Respiratory |
| Respiratory Rate | <5 [1, 11] | >35 [5, 10]>40 [1, 3, 11] | 6 unique studies detailed a respiratory rate of 35-40 as stop criteria for a session |
| Oxygen Saturation |  | <85 [10]; < 85 for >3 minutes [1]<88 [1-3, 9, 11, 12]<90 [7]  | 12 unique studies recommended stopping a session for low peripheral capillary oxygen saturation (SpO2) values, variously detailed at 85-90%. 1 study reported criteria that include desaturation for > 3 minutes. 1 study used “frequent” desaturation but did not provide detail. 1 study used “frequent episodes of desaturation” [14].1 study used presence of “hypoxia” (not defined) [15] .1 study used >10% decrease in SpO2 [10]. |
| Ventilator asynchrony |  |  |  5 unique studies used ventilator asynchrony as a criteria to stop a session [1-3, 11, 12]. |
| Endotracheal or tracheal tube removal or malfunction |  |  |  7 unique studies used malfunction or loss of an artificial airway as stop criteria [1-3, 8, 9, 11, 12]. |
| Neurological |
| Agitation/Sedation/Change in level of consciousness |  |  | Five studies used behaviors of agitation or decreasing level of consciousness to stop a session. No study reported on the use of an objective score during a session to guide cessation.2 studies use the phrasing “Patient being physically combative” [1, 3]. Each of the following phrases was used in 1 unique study:“Decrease in mental status or agitation preventing posture maintenance” [5] “Development of lightheadedness” [6] “Patient becomes drowsy or unable to follow commands” [4] |
| Hematologic |
| Bleeding |  |  | 9 studies used the new occurrence of bleeding [1, 2, 4, 8, 9, 11, 12, 16], including gastrointestinal bleeding (1 study) [1], to stop a session |
| Other |
| Device removal/ malfunction—Vascular access device, including devices inserted at a femoral site |  |  | 3 unique studies specifically addressed the malfunction (e.g., dampened waveform) or unintentional removal of a vascular access device to stop a session [8, 9, 16]. |
| Device removal/malfunction--Other |  |  | 2 studies had stop criteria for other indwelling lines or catheters malfunction or removal.1 study used the phrase “indwelling catheter prolapse [9].1 study specified percutaneous feeding, nasogastric, and chest tube [8]. |
| Clinical signs of distress |  |  | 4 unique studies reported additional parameters of clinical distress to guide cessation of a session. 2 studies stated “Respiratory distress evidenced by nonverbal cures or gestures” [1, 3].1 study stated “cardiorespiratory distress”, not defined [7]. 1 study stated “Patient becomes pale and sweaty” [4] . |
| Fall |  |  | 6 studies recommended stopping a session if the patient fell during mobilization [2, 4, 8, 9, 11, 12]. |
| No specific stop indicators  |  |  | 2 studies in this series had no stop indicators [13, 17]. |

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