

Appendix A

Mobility Documentation PowerPoint

Mobility Documentation

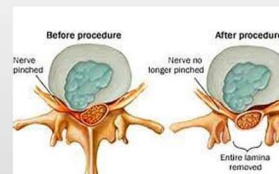
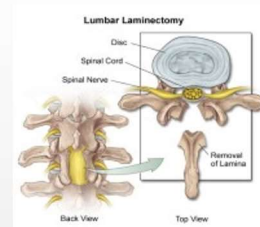
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DNP STUDENT PROJECT



Lumbar Laminectomy

- A lumbar laminectomy is a procedure to relieve the pressure on the spinal column by removing a posterior portion of vertebral bone.
- There are several different conditions that may cause symptoms that would lead your physician to further investigate, and possibly recommend this surgery.
 - Spinal stenosis— narrowing of the articular spaces, causing pain, numbness, weakness, and tingling.
 - Disc herniation caused by an acute traumatic incident creating vertebral instability



Anonymous, W. by: (2021, April 23). Dr. Vikas V. Sharma. Cervical and lumbar surgery. Dr. Vikas V. Sharma | Cervical and Lumbar Surgery. Retrieved February 21, 2022, from <https://manhattanpineconsultants.com/laminectomy-decompression/>

What is a lumbar laminectomy? Premia Spine. (2022, February 16). Retrieved February 21, 2022, from <https://premiaspine.com/what-is-a-lumbar-laminectomy/>

Possible Complications

- During a laminectomy procedure, removal of portions of the vertebral column can cause damage to the surrounding muscles, tissues, and skin.
- Preoperative medical evaluation is conducted to limit the effect of preexisting conditions.
- Preexisting patient conditions such as, diabetes, obesity, smoking, vascular disease, etc. can cause further complications.
- Intraoperative complications can be caused by the anesthesia (difficulty with airway and medication reactions).
- Postoperative complications include, urinary tract infections (UTI), atelectasis, pneumonia, infection, bleeding, blood clots, pulmonary embolism, heart attack, stroke, and possible death.

Shifflett, G. D. (2019, December 9). *The importance of early mobilization after spine surgery*. Sports Medicine and Minimally Invasive Spine Surgery. Retrieved February 21, 2022, from <https://www.discmdgroup.com/blog/the-importance-of-early-mobilization-after-spine-surgery>

Patient Education on Post-Operative Care

- Therapy is an important part of the patient's hospital stay and crucial to the patients overall success after surgery.
- Physical therapy will work with the patient during your hospital stay, and assist the patient with general mobility, improving your strength, and overall condition. If surgery is uncomplicated, the patient will be encouraged to begin walking as soon as possible.
- Hospital length of stay (LOS) is typically no more than 2 days. The patient will be discharged home or to a rehab center for further recovery.
- Walk often, **NO** bending, lifting or twisting.
- Blood clot prevention: blood thinners, compression stockings (TED hose) for 3 weeks, staying active
 - Symptoms of blood clots include, swelling or tenderness in the calves, legs or arms, shortness of breath, increased heart rate, or chest pain.

Shifflett, G. D. (2019, December 9). *The importance of early mobilization after spine surgery*. Sports Medicine and Minimally Invasive Spine Surgery. Retrieved February 21, 2022, from <https://www.discmdgroup.com/blog/the-importance-of-early-mobilization-after-spine-surgery>

Why patient documentation is important

- ↓ length of hospital stay
- ↓ the risk for postoperative complications
- ↓ cost-effectiveness
- Faster patient recovery
- Early or scheduled discharge
- **If its not documented, then its not done!**

Activity - Mobilize Patient

Routine, ONGOING, First occurrence on Mon 1/25/21 at 2045

Level of Activity: Unlimited

Mobilization Frequency: Minimum of 3 times per day

Head of Bed Position: 30 degrees

Foot of Bed Position: No restriction

* Brace/Collar: No Brace or Collar * POD # 0: Please sit the pt on the edge of the bed, or up to the chair for thirty minutes. Please document the pt's mobility in Epic. POD# 1 and beyond: If POD # 0 mobility was successful, please get the pt up to the chair and ambulating 3-5 x daily. Please document the pt's mobility in Epic. If mobility fails, please page the provider for PT/OT orders.

Modify Discontinue

6 Clicks

- There is a Cleveland Clinic protocol on 6 clicks.
- This should be charted **EVERY SHIFT** in the NPR section of the patient's chart.
- Refer to link below to review the importance of 6 clicks and why this documentation is used for the patient mobility.
- <https://ccf.policytech.com/dotNet/documents/?docid=66201>

Move on Safety Screen	
☐ Patient Current Location	
Move on Safety Screen Met ICU	
Functional Assessment	
Personal Hygiene	
Eating Meals	
6 CLICKS	
Help From Another Person Turning Over In Bed	
Help From Another Person Lying On Back To S...	
Help From Another Person Moving To And Fro...	
Help From Another Person Standing Up From a...	
Help From Another Person To Walk In Hospital ...	
Help From Another Person Climbing 3-5 Steps ...	
6 Clicks Score	

Hester Davis Fall Risk Assessment Scale / Auto will Auto Calc

John Hopkins Highest Level of Mobility Scale (JH-HLM)

Direct Observation of Patient By		
Family Update		
ADL Interventions		
Hygiene		Oral Care Total
Chlorhexidine Bath		
Toileting		
Activity		
Level of Assistance		
Assistive Device		
JH-HLM		

This section of the patient's chart should be charted every time the patient mobilizes.

- Putting **ROOM** in the activity section is **NOT** an appropriate way of documenting.
- See next slide for the correct way to document patients' mobility.

Appropriate way to document the JH-HLM

How To Document Nursing Mobility

The Activity selection list is multi-select with sections meant to be used together

Interventions	
Expanded	View All
3/5/19	1400
ADL Interventions	
Hygiene	
Toileting	
Activity	
Level of Assistance	
Assistive Device	

Activity	
Select Multiple Options: (5)	
Independent Ambulation	
Assist with Ambulation	
Room	
Bathroom	
Hallway	
Independent Transfer	
Assist with Transfer	
Edge of Bed	
Commode	
Chair	
Assist with Bed Activity	
Assist with Bed Activity	
Oral Care	
Declined by Patient/Family	
Orb	
In Stroller/Wagon	
Up in High Chair	
Up in Swing	
Other: See Comment	

The "Assist" options will cascade rows to document the level of assist and assistive device

Activity	
Select Multiple Options: (5)	
Independent Ambulation	
Assist with Ambulation	
Room	
Bathroom	
Hallway	
Independent Transfer	
Assist with Transfer	
Edge of Bed	
Commode	
Chair	
Assist with Bed Activity	
Assist with Bed Activity	

Here is how your documentation will look when using these options

ST Eval/Treat Interventions		ST Eval/Treat Interventions	
Expanded View All		Expanded View All	
6/25/21		6/25/21	
1100		1150	
Activity	Assist with Transfer/Chair	Activity	Assist with Ambulation/Room
Level of Assistance	1- A Lot of Assistance	Level of Assistance	1- A Little Assistance
Assistive Device	Walker	Assistive Device	Walker
JH-HLM	4: Move to chair / commode	JH-HLM	6: Walk 10 steps or more

Here is how it looks without using these options

ST Eval/Treat Interventions	
Expanded View All	
1157	
Activity	Room
Level of Assistance	
Assistive Device	
JH-HLM	2: Bed activities / dependent transfer

Where to document patient mobility in EPIC

First step

The screenshot shows the 'Interventions' tab in the EPIC system. The 'View All' button is highlighted. The form is divided into several sections: 'Patient Off Unit', 'Supplemental Documentation Available', 'Safety Interventions', 'ADL Interventions', and 'Delirium Prevention Interventions'. The 'ADL Interventions' section is expanded, showing options like 'Hygiene', 'Chlorhexidine Bath', 'Toileting', 'Activity', 'Level of Assistance', and 'Assistive Device'. The 'JH-HLM' option is highlighted under 'Assistive Device'.

Second Step

Third Step

The screenshot shows the 'Interventions' tab in the EPIC system, specifically the 'JH-HLM' section. The 'Select single option (F5)' dropdown is open, showing a list of mobility options: 8: Walk 250 feet or more, 7: Walk 25 feet or more, 6: Walk 10 steps or more, 5: Standing (1 or more minutes), 4: Move to chair / commode, 3: Sit at edge of bed, 2: Bed activities / dependent transfer, and 1: Lying in bed. The 'Comments (Alt+M)' field is also visible.