

# Mobility Audit

Department: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Audit: \_\_\_\_\_

1. Auditor, who are you asking questions to? (List title: RN, PCC, etc.): \_\_\_\_\_
2. What is your patients Fall Risk Level? (Circle) Low, Moderate, or High
  - a. If High Risk, are all the fall bundle items in place? (Circle) Yes or No
    - i. If no, what items were missing and corrected at the time of this audit?  
\_\_\_\_\_
3. Is your patient on bedrest? (Circle) Yes or No
  - a. If yes, does your patient have an order? (Circle) Yes or No
  - b. If yes, why is your patient on bedrest? \_\_\_\_\_
4. What equipment is needed to mobilize your patient? \_\_\_\_\_  
\_\_\_\_\_
  - a. Do you feel you have received proper training on this equipment? (Circle) Yes or No
    - i. If no, what further training do you need? \_\_\_\_\_  
\_\_\_\_\_

## Getting up to the Chair

1. How many times has your patient gotten up to the chair today? \_\_\_\_\_
2. On average, how long was your patient in the chair each time? \_\_\_\_\_
3. What are the barriers to getting your patient up to the chair (select all that apply)?

	Multiple Lines / Equipment		Inadequate Equipment
	Precautions		Edge of Bed Only
	Patient Conditions		Impulsive
	Pain		Refused
	Inadequate Staffing		Inadequate Training
	Medications		Other: Explain below

## Walking your Patient

1. How many times has your patient walked today? \_\_\_\_\_
2. What are the barriers to walking your patient (select all that apply)?

	Multiple Lines / Equipment		Inadequate Equipment
	Precautions		Edge of Bed Only
	Patient Conditions		Impulsive
	Pain		Refused
	Inadequate Staffing		Inadequate Training
	Medications		Other: Explain below
	Only in Room		

3. Have you documented your patient's mobility for today? (Circle) Yes or No  
If no, why not? \_\_\_\_\_

*Provide further explanation for any of the items marked as a barrier for getting up to chair and walking on the next page. Get to the true root cause of why it is a barrier.*

- **Multiple Lines / Equipment:**

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- **Inadequate Equipment:**

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- **Precautions:**

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- **Edge of Bed Only:**

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- **Only in Room:**

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- **Patient Conditions:**

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- **Impulsive:**

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- **Pain:**

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- **Refused:**

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- **Inadequate Staffing:**

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- **Inadequate Training:**

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- **Medications:**

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- **Other:**

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