

# MOBILITY ASSESSMENT

(Revised: July 2018)



If a patient has been assessed and no transport is being proposed, a mobility assessment should be undertaken (if patient is not specifically excluded, as below). For patients who are normally able to mobilise, and whose current condition does not preclude movement/walking, testing the ability to stand and walk is an important aspect in determining suitability for a no transport decision.

If a patient is able to complete all of the following tasks in a manner that is normal for them, they may be suitable to remain at home, with support.

- Can the patient stand from sitting without paramedic assistance? (and is this normal for them?)
- Can the patient weight bear in standing?
- Is the patient able to mobilise (with their mobility aid if required) for toileting, for food/drink and other tasks of daily living?
- Can the patient return to sitting without paramedic assistance?
- Is the patient's level of function normal for them?

***If the answer to any of these questions is 'no', transport to hospital should be seriously considered/recommended.***

Note that a mobility assessment should be the last stage of assessment in deciding whether or not transport is required. A full physical and competence assessment, as per CMG 1, is necessary prior to undertaking this test.

Attention should also be paid to aspects of CMG 42 – Falls, if this mobility assessment is being undertaken after a fall.

This mobility assessment is not exclusive or exhaustive. Paramedic clinical judgement applies, and comorbidities and potential for further injury should be considered.

## **SPECIFIC EXCLUSIONS FROM UNDERTAKING THIS MOBILITY ASSESSMENT:**

- Confusion or altered level of consciousness
- Severe pain
- Unable to account for fall