We Move! Orientation:

- At PIMC, it is our goal to get you feeling better and home as soon as possible!

- When you are admitted or have surgery, your provider will assess your ability to sit, stand, and walk.

- Based on your ability to do these things, you will be asked to:
  - Sit in a chair to eat your meals
  - Walk three times a day

- Getting out of bed during your hospital stay will help you:
  - Feel better overall
  - Avoid a blood clot
  - Avoid a pneumonia (lung infection)
  - Avoid a urine infection
  - Feel less tired
  - Avoid skin problems
  - Feel less pain
  - Get better faster!

- You may have restrictions based on why you are here. For example, you may have a wound on part of your foot and we will ask you not to put weight on that area. Your provider and nurse will explain this to you.

- If you need help to sit, stand, or walk, we will help you.

- A physical therapist may work with you if needed.

- It is very important to ask for pain medication! This helps you to get out of bed. Tell your nurse and provider if you have pain!

At PIMC, We Move!
Patient Pledge:

___ I understand that mobilization, or getting up out of bed, during my hospital stay will help me:
  o Feel better overall
  o Avoid a blood clot
  o Avoid a pneumonia (lung infection)
  o Avoid a urine infection
  o Feel less tired
  o Avoid skin problems
  o Feel less pain
  o Get better faster!

___ I understand that the activity level ordered by my doctor at this time is ____________,
and that my fall risk level is __________, but that this may change as my condition improves.

___ I will use my call light when I need assistance.

___ I will use only approved assistive devices for support when walking. These include handrails, walker,
crutches, and canes.

___ I will wear non-skid footwear.

___ I will make sure that my environment is safe before getting up out of bed. This includes:
  o turning on a light
  o wearing my glasses or contacts (if I use them)
  o making sure that I am clear of any lines, cords, tubing or equipment.

I have read and/or had the above explained to me, and I understand this information:

_________________________________________  ________________  ____________________________________________  ________________
Patient Signature           Date             Staff Member Signature           Date