

## Examples of how to use assessment to optimise safe activity:

**Table 1.**

Factor	How it might affect activity	Examples of plans to safe optimise activity
<b>Vision</b>	Difficulty navigating an unfamiliar environment.	Avoid clutter around bedspace, ensure glasses are available and clean, adequate lighting, bed space close to the toilet, appropriate signage and décor.
<b>Blood pressure</b>	Orthostatic hypotension could cause syncope or dizziness when walking.	Measure lying/standing blood pressure. Correct reversible causes (dehydration, medication review), patient education and consider medical management as appropriate.
<b>Medications</b>	Some medications can slow reaction times, impair balance and judgement or reduce blood pressure. Medications can act differently when someone is unwell.	Structured medication review, deprescribing or prescribing (temporary or long-term).
<b>Cognition</b>	Delirium impairs ability to attend to risks, affects gait and balance and can cause either increased or decreased activity levels.	Screen using 4AT and if delirium suspected, implement standard delirium management, introduce meaningful and accessible activities.
<b>Mobility</b>	Muscle weakness, gait instability, reduced endurance and pain which the patient may be unprepared for if it is the reason for admission. May have attachments (catheters, drains, lines) that cause a trip hazard and inhibit movement.	Establish the level of supervision and walking aid required for safe mobility and ensure this is communicated to the MDT, patient and their family/friends. Keep aid in reach (and call bell if expected to call for help), ensure appropriate clothing and footwear, apply motivational approaches to increase activity (measurement of activity, goal setting, education, etc).
<b>Continence</b>	If experiencing frequency or urgency, may rushed or distracted.	Treat constipation, review medications, avoid catheterisation, introduce toileting routines (walking to the toilet).