

**Pendulum Resource Document**

**Safe Motorized Mobility Aid Assessment**

References: Karen Struck, RN, MS, CPHQ, CPHRM, Risk Consultant;  
Pendulum (www.WeArePendulum.com)

**Safe Motorized Mobility Aid Assessment**

**Resident:** \_\_\_\_\_ **Record Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	YES	NO
Resident demonstrates familiarity with facility layout and environment.		
Resident can safely transfer to wheelchair or other surfaces when indicated or is aware of need to request staff assistance.		
Resident operates motorized mobility aid at a speed that is not faster than ambulatory residents walking in the immediate area (the “safe speed” for the facility) and maintains a safe distance from pedestrians and other motorized carts.		
Resident affords ambulating residents the right-of-way at all times.		
Resident pauses motorized mobility aid prior to entering a corridor or public walkway and stops at corridor or sidewalk intersections where ambulating residents and others may not be readily observed.		
Resident operates mobility aid in a manner that does not impede or interfere with normal resident flow, including a roommate’s ability to freely access the common area of the room.		
Resident is able to quickly stop the acceleration of the motorized mobility aid in the event of an emergency.		
When activities are in progress in common areas, or when common areas are crowded (including the dining room), resident understands need to enter and exits prior to or after other residents to encourage safe resident traffic flow.		
Resident understands motorized mobility aids may not block entrances to buildings, doorways, stairways, walkways, disability ramps, corridors, sidewalks, or emergency exits.		
Resident parks the motorized mobility aid in a manner that it is secured from movement, including maintaining the device in the off position and engaging an emergency brake if one exists.		
Resident does not leave key in the ignition when mobility aid is unattended.		
Resident charges electric motorized mobility aid in designated areas only.		

**Interdisciplinary Team (IDT) Summary**

If all the answers on the assessment are **Yes**, the resident is determined to be safe using motorized mobility aids. If any of the answers on the assessment are **No**, the resident is determined to be unsafe and must receive further training or have individualized plan for use of motorized mobility aid (such as limited areas or under supervision).

**This resident is determined to be:**  Safe  Unsafe

IDT Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

IDT Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

IDT Member Signature \_\_\_\_\_ Date: \_\_\_\_\_