



Six Minute Walk Test (6-MWT) Nurse Talking Tip Sheet

This Nurse Tip Sheet was developed by AAHFN as resource in facilitating patient education. It provides additional information so the Nurse can supplement patient teaching with the corresponding Patient Tip Sheet. A list of resources is provided for additional information.

Please refer to the *Lace up and Go! Six Minute Walk Test and Tracking Sheet* on the AAHFN Website to reference the Borg Perceived Exertion Scale and Nurse Worksheet (http://c.ymcdn.com/sites/aahfn.site-ym.com/resource/resmgr/docs/awareness/2017_HF_Week/6_Minute_Walk_Test_Instructi.pdf)

Background: In patients with heart failure, the 6-MWT is a simple, low cost method for estimating exercise capacity. Only a pre-measured 50 to 100 feet level surface, a chair, and a timing device are needed. The 6-MWT is a useful prognostic marker of cardiac death in patients with mild-to-moderate heart failure; mortality risk is higher in patients who walk a distance of ≤ 300 meters (roughly 328 yards) or 3 city blocks.

Contraindications:

- Unstable Angina during the previous month
- Myocardial infarction during the previous month
- Resting Heart Rate of > 120 bpm
- Systolic Blood Pressure of > 180 mmHg and/or a Diastolic Blood Pressure of > 100 mmHg

Safety Considerations:

- Testing should be performed where emergency equipment (i.e. crash cart) is readily available
- Supplies that must be available include:
 - Oxygen – If the patient is on chronic oxygen therapy, this should be given at the standard rate or as ordered by the patient's physician
 - Sublingual nitroglycerin



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- Albuterol
- Aspirin
- AED
- A telephone should be immediately available to summon help if needed

Scripted Verbiage for the Nurse: “This test will provide us with information about how far you can walk in six minutes. We will not be having a routine conversation during that time. The goal is to see how far you can walk. If you need to stop, it is all right to do so. I will be asking you how tired you are or if you are short of breath. I will ask you to rate your fatigue or shortness of breath on a scale of 0-10, with 0 being not tired at all, or not short of breath and 10 being very, very severely tired or short of breath.”

Instructions:

1. Have the patient rest for at least 10 minutes prior to the walk. Record baseline vital signs and oximetry, if available.
2. Have the patient stand and rate his/her baseline shortness of breath or fatigue using the Borg scale.
3. Set the lap counter to zero and the timer to six minutes. Assemble all needed equipment and move to the starting point.
4. Review patient instructions (see above).
5. Position the patient at the starting line and review walk course. Start the timer when the patient starts to walk.
6. Watch the patient: after each minute, let the patient know how he/she is doing by saying: “You’re doing well, you have 5 minutes (or 4, or 3, etc.) to go.” Evaluate the patient’s level of fatigue and/or dyspnea each minute.
7. If the patient stops during the test, reassure him/her by saying; “Don’t worry about stopping. Resume walking when you feel like you can.” Do not stop the timer. Let the patient know 15 seconds before the end of the test that you’ll be telling him/her to stop abruptly.



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8. When six minutes is up, tell the patient to stop where he/she is, and have the patient sit in the chair. Measure the laps and/or distance from the start in meters.
9. Record the patient's post-test vital signs, oximetry and level of fatigue and dyspnea.

For Future Reference

- American Thoracic Society (ATS). ATS Statement: Guidelines for the six-minute walk test. *Am J Respir Crit Care Med.* 2002;166:111-117.
<https://www.thoracic.org/statements/resources/pfet/sixminute.pdf>.
- Arslan S, Erol MK, Gundogdu F, et al. Prognostic value of 6-minute walk test in stable outpatients with heart failure. *Tex Heart Inst J*, 2007;34(2):166-169.
- Ingle L, Shelton RJ, Rigby AS, Nabb S, Clark AL, Cleland J. The reproducibility and sensitivity of the 6-min walk test in elderly patients with chronic heart failure. *Eur Heart J*, 2005;26:1742-1751.