SARASOTA MEMORIAL HOSPITAL
NURSING DEPARTMENT POLICY

TITLE:	GUIDELINES FOR THE INTRAHOSPITAL TRANSPORTING OF ADULT SPECIAL CARE PATIENTS	**POLICY #:**	126.442 (special care)
		EFFECTIVE DATE:	4/85
		REVISED DATE:	3/05, 1/08
		POLICY TYPE:	☒ DEPARTMENTAL ☐ INTERDEPARTMENTAL ☒ DEPARTMENTS PROVIDING NURSING CARE
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Job Title Reviewer:	Director, ICU		

PURPOSE:

To ensure the safe transporting of critically ill patients requiring diagnostic testing or procedural interventions not available at the patient's bedside.

POLICY STATEMENT:

Personnel affected will include: RNs, LPNs, Respiratory Therapists in the Special Care areas, physicians, transport services, and specialty care areas (radiology, endoscopy, invasive, and non-invasive cardiology, pre-op holding, PACU, and operating room).

Patients in the Special Care Units will receive an equivalent level of monitoring during transport outside the Special Care area for diagnostic and/or procedural interventions.

EXCEPTIONS:

Maternal/Infant services, Pediatric patients.

DEFINITION(S):

Special Care Units: Includes Open Heart Recovery, Cardiac Intensive Care, Intensive Care

High Ventilatory Support: PEEP above 10 and Fi02 above 50% or pressure control ventilation of any setting.

PROCEDURE:

Pre-Transport:

The RN responsible for the patient shall notify transport services, and respiratory therapy (or other ancillary services) as to the timing of the transport and the equipment and/or support, which must be provided.

Should the management of the patient be assumed by a different care team outside of the Special Care area, there shall be detailed communication between the nurses both prior to, and following, the transport.

The area to which the patient is being transported shall confirm readiness to receive the patient and immediately begin the procedure or test for which the patient is being transported upon arrival to the specialty area.

Transporting the Patient:

A **minimum** of two people shall accompany the patient, one of who shall be a critical care nurse or an adult Intervention RN. This critical care nurse shall have completed a competency based orientation and be proficient in performing those standards of care as described in his/her job description. Additional personnel may include a respiratory therapist. All intubated and mechanically ventilated patients must be accompanied by a respiratory therapist.

Those procedures which can be performed at the bedside, i.e., endoscopy, shall be performed at the bedside in those special care patients with the following conditions: high dose vasopressors, paralytics, high levels of ventilatory support, unstable cardiac rhythms, large volume resuscitation.

Note: If there is a question regarding the patient's instability, the endoscopy physician must evaluate the patient.

Radiology procedures that may be performed at the bedside if the following conditions are present: high dose vasopressors, paralytics, high levels of ventilatory support, unstable cardiac rhythms, large volume resuscitation.

- Paracentesis
- Thoracentesis
- Ultrasound
- Ultrasound or flouroscopy guided PICC procedure as agreed upon by ordering physician and radiologist.

Contact Precautions: If a patient is on Contact Precautions, one staff member will be designated as the "dirty" person, who will maintain care to the patient while wearing appropriate (PPE) personal protective equipment (gown and gloves at a minimum). The other staff will have removed their PPE, performed hand hygiene, and will be the one to push elevator buttons, etc. during the transport. "Clean" item, such as the medical record, oxygen tanks, and cardiac monitor, should be placed in a clear plastic bag to avoid contamination.

Equipment accompanying the patient shall include:

1. Cardiac monitor/defibrillator
2. Airway management equipment and resuscitation bag of proper size and fit for the patient.
3. Oxygen source of ample volume to provide for the patient's needs for the projected time outside of the critical care area plus an additional thirty minutes.
4. An ample supply of intravenous fluids and continuous infusion medications regulated by an infusion pump (battery operated) that the patient is currently requiring/receiving.
5. Additional medications to meet anticipated sedation needs.
6. Patient receiving mechanical ventilation, must be supported by a device capable for delivering the same minute ventilation,

pressure, fractional concentration of oxygen (FIO_2), and PEEP that the patient is receiving in the critical care unit.

7. A resuscitation cart and suction equipment need not accompany each patient being transported, but such equipment shall be stationed in areas utilized by critically ill patients and be readily available by a pre-determined emergency mechanism. (Refer to "Code Blue" Sarasota Memorial Hospital Policy #01.PAT.03).

Monitoring During Transport:

The patient being transported shall receive the same physiologic monitoring during transport as they are receiving in the Special Care Unit, if technologically possible.

ALL critically ill patients being transported shall have a minimum of cardiac monitoring.

Continuous monitoring with periodic documentation of:

1. Electrocardiogram
2. Pulse Oximetry, if mechanically ventilated or difficulty maintaining a $SaO_2 \geq 92\%$ on supplemental oxygen or altered level of consciousness.
3. Blood pressure, if arterial line present and blood pressure is labile or the patient is unstable or requiring moderate to high dose of vasopressors.

Intermittent measurement and documentation of:

1. Blood pressure
2. Respiratory rate
3. Pulse rate

In addition, selected patients based on clinical status may benefit from monitoring by:

1. Capnography
2. Continuous measurement of blood pressure, pulmonary artery pressures, intracranial pressure
3. Intermittent measurement of central venous pressure, wedge pressure, cardiac output, and neuro line. Intubated patients receiving mechanical ventilation shall have airway pressure monitored and, if a transport ventilator is utilized, it shall have alarms to indicate disconnects or excessively high airway pressure.

RESPONSIBILITY: It will be the responsibility of the directors to ensure nursing personnel are aware and adhere to this department policy.

REFERENCE(S):

American Association of Critical Care Nurses, 1995
American College of Critical Care Medicine, 1995

Society of Critical Care Medicine, 1995

SMH Policy (01.PAT.03). Code Blue Management and Responsibilities. (2007). SMH: Author.

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APPROVALS:

Signatures indicate approval of the new or reviewed/revised department policy.	**Date**
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