PURPOSE:
To provide safe intra-hospital transport for the patient requiring ventilatory support. Transportation of mechanically or manually ventilated patients for diagnostic/therapeutic procedures is always associated with a degree of risk. Every attempt should be made to assure that monitoring, ventilation, oxygenation, and patient care remain constant during movement. Patient transport includes preparation, movement to and from, and time spent at destination.

POLICY STATEMENT:
Safe intra-hospital transport will be provided for patients requiring ventilatory support by assessing for any contraindications to transport, careful preparation of equipment, and thorough collaborative assessments of vital signs and ventilatory status.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):
WakeMed Health & Hospitals adopts the following policy WakeMed Raleigh, WakeMed Cary, and WakeMed North.

WHO SHOULD READ THIS POLICY:
This policy shall be read by clinical staff providing patient care, department supervisors, managers, directors, and administrators.

PROCEDURES:

I. **MINIMAL PERSONNEL REQUIREMENTS TO CONDUCT TRANSPORT AND ROLES OF PERSONNEL:**

a. One RN who has successfully completed orientation to his/her respective unit.

i. The RN is responsible for collaborating with Respiratory Care Practitioner (RCP) and the MD to determine if there are any contraindications to transport.

ii. Performing pre-transport, intra-transport, and post-transport assessments to assure cardiovascular and respiratory stability. He or she is responsible for ensuring adequate equipment, medications, and needed supplies are prepared and transported with the patient to ensure stability.

iii. Functions as the team leader during the transport. Elects to consult with the MD as needed to assure patient stability.

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iv. Prepares and administers needed medications during transport, as ordered.

v. Assist RCP partner in any activities required.

vi. Communicate with RCP and MD partners to ensure patient safety.

b. An RCP or Anesthesia representative who is proficient in airway management, in operating and troubleshooting the equipment and supplies being used, will accompany all mechanically or manually ventilated patients during the in-house transport process.

i. The RCP is responsible for preparing the ventilator and associated equipment for transport prior to actual transport.

ii. Collaborating with the RN and MD to determine if there are any contraindications to transport.

iii. Assessing respiratory stability and status in collaboration with the RN before, during, and after transport.

iv. Assist RN partner in any activities required.

v. Communicate with RN and MD partners to ensure patient safety.

c. A person to assist with transporting the patient can be an NA,RN, transport team member.
   i. In patients with hemodynamic or respiratory instability, the Anesthesiologist will assist with the transport.

d. In patients with hemodynamic or respiratory instability (see section IV subsection h), regardless of PEEP and requiring emergent operation, a direct Intensivist to Anesthesiologist handoff needs to occur to address circulatory and respiratory management.
   i. Excluding patients originating from the trauma bay requiring emergent operation.

e. For patients in conventional mode ventilator settings with hemodynamic and respiratory stability, a handoff at bedside will occur between an APP, RN, RT, and/or member of the anesthesia team.

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II. EQUIPMENT:

a. Bag-Valve-Mask

b. Ventilator

c. Portable oxygen source with adequate volume.

d. Stethoscope

e. Cardiac monitor

f. SpO2 monitoring capability

g. NIBP equipment or monitoring equipment for A-line BP monitoring as indicated.

h. IV pumps, medications to ensure consistent drip delivery, IVF, etc.

i. Consider taking first line emergency drugs indicated for specific patient for use in hallways and elevators until equipment can arrive if emergency occurs.

j. Personal protective equipment and supplies (gloves, face shields, etc. as indicated.)

k. Isolation equipment/supplies if indicated.

III. PREPARATION:

a. Prior to transport, the MD, RN caring for the patient, the unit charge RN and RCP will collaborate to assess for any contraindications to transport:

   i. Cardiopulmonary instability

   ii. Any patient that has monitoring for ICP such as bolt, EVD, or ICP monitoring should be transported to OR utilizing the ICU vent and maintain the same settings.

   iii. Inability to provide adequate oxygenation and ventilation during transport either by manual ventilation or ventilator.

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1. Conventional mode with increased PEEP >10-20: Patient should transport on a ventilator.
2. PEEP $\leq$ 10: appropriate to transport with BVM and PEEP valve.

iv. Inability to maintain airway control during transport.

v. Inability for all necessary team members to be present during transport.

b. If the patient is being transported to CT Scan or MRI, an RCP must remain with the patient throughout the test.

IV. MOVEMENT TO-AND-FROM DESTINATION:

a. When the decision has been made that the patient is to be transported and no contraindications have been identified, all equipment is to be assembled and patient readied for transport

b. RCP will transport on the ventilator or remove the patient from the ventilator and ventilate the patient using the bag-valve device connected to oxygen. (If patient is on PEEP/CPAP, this is to be continued.)

c. The RN and RCP will accompany the patient to the destination, continuing to assess ventilation status, cardiac rhythm, and other VS as appropriate.

d. If the patient is removed from the ventilator, designated personnel will transport the ventilator to the destination and an RCP is to set it up on settings ordered by MD. The ventilator is to remain visible at all times. **If the RN or RCP needs to leave the room, for example in CT Scan, the lights and microphone should be turned up for maximum visibility and audio contact with the patient and ventilator at all times.**

e. Upon arrival to the intended destination, the RCP will assess alarms and document the endotracheal tube placement, the breath sounds, and chest rise with ventilation, the SpO2, and ventilator settings per MD orders. He or she will verbally confirm with RN the ventilation status per assessment.

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f. The RN will assess vital signs, cardiac rhythm, IV/medication infusions, and in collaboration with RCP, verify breath sounds, ventilator settings, SpO2, and document any changes from the pre-transport assessment.

g. **Nothing further is to begin until such time as it is determined and communicated between RN and RCP that the patient has stable vital signs and ventilation status is established or the reason for any variance has been determined and resolved or communicated to the MD.**

h. The RCP must remain to assist with the care of the patient if any of the following exists or if requested by the RN:
   i. BP is unstable based on patient's condition, generally <90 systolic.
   ii. SpO2 <90%
   iii. PEEP > or = to 20 cmH_2O
   iv. PIP > or = to 40
   v. The patient is being transported to CT Scan or MRI.

i. Whenever possible, it is desirable for RCP to remain with the patient during testing; however, RCP may leave to attend to other duties **if** the patient is stable, is **not** in radiology for a CT Scan, and the RN is in agreement. If the RCP leaves, he/she will provide a contact number to the RN before leaving the area and must remain available if needed at any time.
   i. The RCP may leave once the patient has been transported to the OR but remain available if needed to return and be available to transport the patient post-operatively.

j. When the patient is ready to be transported back to the unit, the RCP and RN will be in attendance and will follow the same steps going back to the unit as outlined above in getting the patient transported to the testing area.
   i. In patients with hemodynamic or respiratory instability (see section IV subsection h), the Anesthesiologist or a second anesthetist (CRNA/AA) will participate in the transport of the patient on the ICU vent. An Intensivist to Anesthesiologist handoff will be completed
   ii. If an ICU vent is not available in the OR the RCP should be contacted to bring appropriate vent to the OR.

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iii. Any changes made to the ventilator during the procedure will be ordered by the Anesthesiologist upon completion of the case.

k. Upon return to the unit, steps **e**, **f**, and **g** will be followed again.

THIS POLICY IS CROSS REFERENCED IN:

I. ASSOCIATED DOCUMENTS
   a. Transportation of Patients to the OR

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