

DIVISION/DEPT.: PATIENT CARE
MANUAL NAME: HOUSEWIDE POLICY/PROCEDURE
TITLE: TRANSPORTING/TRANSFERRING A
PATIENT WITHIN THE HOSPITAL
IDENTIFICATION CODE: PTCR74h



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We know children

DEFINITIONS

Transport: For the purposes of this policy, transport is the physical movement of a patient throughout the facility

Transfer is the transition of patient care from one unit to another.

POLICY STATEMENT:

When transporting and/or transferring a patient within the hospital, the patient will be assessed by an RN to determine if their condition is stable enough to allow for safe transport/transfer. In the absence of a written physician's order specifying transport criteria, an RN or designee will transport/transfer as appropriate based on the patient's physical assessment and the stability of the patient's condition.

All personnel accompanying or monitoring patient while off unit will have current CPR certification. All personnel accompanying a moderately sedated patient will have current PALS certification.

Sedated vs. Non-Sedated Patients:

- All non-sedated patients will have the same level of monitoring during their transfer/transport within the hospital as provided in their patient room.
- All non-intubated minimally sedated (anxiolysis) patients do not require a RN to accompany them to the test location.
 - Should the patient's sedation status change from minimal to moderate, a RN must now accompany the patient during transport.
 - Refer to the Administrative Policy: Sedation and Analgesia for Procedures in Children policy for medication dosage ranges for anxiolysis versus sedation levels.
- All non-intubated moderately sedated patients will have a RN accompany the patient to the test location for monitoring during the procedure as defined in the Administrative Policy: Sedation and Analgesia for Procedures in Children.

Patients on Oxygen:

- A patient on oxygen therapy, who does not require continuous monitoring, may be accompanied by an assistive technician when transported off the unit.
- A patient on oxygen therapy, who does require continuous monitoring, must be accompanied by a RN or RT when transported off the unit.

Patients with a Tracheostomy:

- All outpatients will be accompanied by their primary home care giver (parent or homecare personnel) when traveling between departments in the hospital.
- If a patient with a tracheostomy is seen in the ambulatory setting or ED, the RN may assess the appropriateness of the patient's transport within the facility and determine the need for additional support during the internal transport.
- All inpatients with a trach (sedated or non-sedated) must have a RN or RT. RN/RT will remain with the child for monitoring and care of the airway during the procedure.

Patients Requiring Mechanical Ventilation:

- All vented inpatient and ED patients must have a RN or Anesthesiologist and RT accompany the patient to the test and must remain with the patient during the test for monitoring and care.

- **For all vented NICU patients, an NNP or physician must assist the RN and RT with the transport of patients to the main campus. The NNP or physician, RN and RT will remain with the NICU patient during any non-surgical procedures.**
- **If a vented NICU patient has an established tracheostomy, consult the physician for orders regarding transport to the main campus. The physician may write an order that a NNP/physician is not needed during the transport.**
- End tidal CO2 monitoring may be suspended during transfer/transport in-house.
All mechanically ventilated patients in the PICU being transported by a RN or Anesthesiologist and RT will be transported throughout the hospital while connected to the ventilator or bagged per provider discretion. RT will connect the patient to MRI-compatible ventilator and circuit prior to entering the MRI suite. DO NOT plug MRI ventilator into an outlet in the MRI suite. The MRI ventilator will be plugged in to charge the battery in Radiology Department between uses.

PURPOSE:

To direct staff in transporting a patient within the hospital for testing or transferring a patient to another unit for care.

IMPLEMENTATION: RN, RT, Anesthesiologist, Provider

DELEGATABLE TASKS: RN, LPN, CCP, RT, Ancillary department technicians

CAREGIVER ALERTS:**ALL TRANSFERS/TRANSPORTS**

1. Patient should be accompanied with emergency equipment when appropriate (i.e., portable suction, suction catheters, oxygen, resuscitation bag/mask, portable suction, and/or emergency medication sheet.).
 - All moderately sedated patients should have emergency equipment (bag/mask and emergency medication sheet) available during transport
 - All patients with an artificial airway (i.e., tracheostomy or ETT) should have a resuscitation bag/mask, portable suction, appropriate suction catheters, sterile gloves, and emergency medication sheet accompany them during transport.
 - All tracheostomy patients should have the equipment listed above for “patient’s with an artificial airway” as well as extra trach supplies available during transport/transfer – extra trach tubes (same size and smaller size), obturator, and trach ties
2. Communicate and maintain isolation policies/procedures during patient transportation to other areas of the hospital (see policy “Transporting Patients in Isolation IC.ISO.01-4).
3. All patients will have the same level of monitoring during their transfer/transport within the hospital as provided in their patient room.

TRANSFERRING A PATIENT TO ANOTHER UNIT**EQUIPMENT/FORMS:**

1. Wheelchair
2. Wagon
3. Cart, bed or crib with safety belt/side rails
4. Blankets, sheet, pillows as needed
5. Written Patient chart
5. Medications
6. Supplies
7. Patients personal belongings

PROCEDURE:

1. An order must be obtained to transfer the patient to another care area.
2. Caregiver will be notified any time a child is transferred.
3. Routine cares and scheduled medications up until time patient is transferred between units are to be completed if possible:
4. Upon transfer to new area, the sending unit will document that caregiver teaching was completed (on orientation to room, use of Call light, isolation techniques, safety precautions, change in patient care, etc).
5. When a patient has a planned, non-emergent transfer to another level of care following surgery or a procedure, a medication and order reconciliation (current and home meds) must be performed.
 - The attending physician or designee who is accepting the transferring patient is accountable for the review, and renewal/discontinuation of orders.
 - Services that do not provide primary care for the patient may write an order for the primary service to provide post-procedure orders. The primary service would assume responsibility for completing the medication and order reconciliation.
 - All orders that will be continued will be left as active orders. They do not need to be re-entered. Once the order review is done, the med reconciliation and order review will be documented as part of the transfer order.
 - The review of orders does not apply to the following situations:
 - When the primary responsibility for the care of the patient does not change services. Examples may include: IMC telemetry monitoring during KCL replacement infusion, radiology procedures, bedside or treatment room procedures.
6. Blanket resume or continue orders are not allowed. Upon transfer, all orders are reviewed by the accepting provider for appropriateness.
7. Pack up patient's supplies and transport per bed/cart/bassinets/incubator with side rails up and patient secured.
8. Orientation for the caregiver and/or child being transferred will be done by receiving staff. It will include (when applicable):
 - a. reinforcement of isolation techniques (use appropriate isolation teaching sheet from intranet)
 - b. reinforcement of safety precautions (side rails to be in completely raised and locked position, and bed in low position when child is left unattended)
 - c. changes in patient care (vital signs, monitors)
 - d. instructions on unit visitation guidelines
 - e. unit fact sheet to be given to caregiver from receiving nursing staff
9. Upon arrival to the receiving unit, the transferring nurse will give a detailed verbal bedside report to the receiving nurse assigned to the patient. The Emergency Department nurse or PACU nurse may phone report to the receiving RN as appropriate.

DOCUMENTATION:

1. Appropriate documentation at time of transfer to be completed in EMR
2. All checklists such as MRI checklist and pre-op checklist are to be documented in EMR prior to transfer/transport
3. Document family education performed prior to and after transfer and orientation to new unit on Family Education Record

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- The sending unit will document current vital signs and transfer notification in EMR 15 minutes prior to transfer.

TRANSPORTING A PATIENT TO ANOTHER AREA FOR TESTING/PROCEDURE

EQUIPMENT/FORM(S):

- Wheelchair
- Wagon
- Cart, bed, or crib with safety belt or side rails
- Blankets, sheet, pillows as needed
- Written patient chart
- Appropriate emergency equipment
- Ventilator if appropriate
- Transport monitors if appropriate
- Transport Incubator if appropriate (NICU patients)

PROCEDURE:

- For non-ambulatory patients, a wheelchair, wagon, cart, or other secure device (e.g. stroller) must be used when transporting them off the unit. Hospital staff should not carry a non-ambulatory patient during transport from one floor to the next. Caregivers wishing to carry their child should be made aware of the safety issues and encouraged to secure their child in an appropriate manner (such as a wheelchair, wagon, cart, etc.). Assess patient’s mobility status and obtain appropriate equipment for transport if needed.
- For patients transported per cart crib or bed, make sure all side rails are in the up position prior to transporting patient.
- If the patient has an IV infusing, a nurse should assess the IV site to ensure patency and pump status prior to the patient leaving the floor and when the patient returns.
- For patients needing mechanical ventilation, RT will accompany to provide the patient with the appropriate mechanism of ventilation. Additional help will be required when transporting patients who are connected to the ventilator to help safely transport the patient, maintain the airway, and push necessary equipment.
- When the patient returns to the room, ensure the bed side rails are in the up position and bed in the low position.

REFERENCES: None

Original Implementation Date: 8/91																			
Responsible Approval Group: Clinical Practice Council																			
Codes: R = Reviewed, F = Form Change, P = Practice Change, W = Wording Change or Spelling, E = Equipment Change, C = Combining Two or More Procedures or Procedure/Policy, D = Deleted (place in historical file)																			
W	3/95	RW	11/97	WPC	4/98	RW	12/00	RWP	8/03	RW	8/04	W	12/04	RWP	2/05	WP	2/06	RWP	2/07
WP	2/08	W	10/08	WP	12/09	WP	5/10	RWP	4/12	W	8/14	R W P	08/17						