PURPOSE
To provide guidelines on safe patient transport to and from any department or unit in BCCH or SHHC

POLICY STATEMENTS
An anesthesiologist or intensivist and/or Respiratory Therapist (RT) and a Registered Nurse (RN) must accompany patients who are receiving any mechanical ventilatory support.

A RN must accompany all patients who are receiving hemodynamic support; (inotropic infusions) in a collaborative discussion the Physician may accompany the patient with unstable vital signs and fluctuating acuity.

Ventricular Assist Devices:

Berlin Heart: A Perfusionist is required to accompany the patient on initial transports; 2 RNs with validated competency in management of Berlin Hearts may accompany the patient during transport without the Perfusionist being present once patient is deemed stable.

Heartware (HVAD): No Perfusionist is required to accompany the patient; however RNs with validated competency in HVADs may accompany the patient. A backup controller and batteries must be taken with the patient at all times.

A caregiver (RN, LPN, RT, family member) may accompany a tracheostomy patient off the unit only if they have validated competency in tracheostomy tube changes and emergency care within 6 months of patient admission.

The RN (LPN with validated competency) must accompany patients during transport to / from diagnostic or treatment areas within the hospital / health centre under the following circumstances:

a. Patients on a cardiac, apnea, oxygen saturation monitor
b. Patients requiring oxygen
c. Patients receiving blood or blood products
d. Patients with chest tubes
e. Patients with a decreased level of consciousness (different from their expected neurological norm)
f. Sedated patients with an Arousal Score greater than 2
g. Patients who have a medical or psychiatric condition requiring close observation
h. Patients on spinal precautions
i. Patients receiving a continuous intravenous medication infusion (e.g. opioid infusion, patient controlled analgesia, chemotherapy, inotrope)
j. Patients receiving an intermittent intravenous medication infusion that may require a flush bag or syringe to be added during transport or while in diagnostic/treatment area.
k. Patients who have received an intermittent or bolus infusion of an opioid within the previous 15 minutes
l. Patients with an intravenous infusion going to the ambulatory care areas
m. Patients transferring to the Mental Health Building: patient and RN to be escorted by Security. For patients requiring emergency transfer from Mental Health to BCCH emergency, RPN must accompany patient; see BC Mental Health and Addiction Services Clinical Care Guideline: Acute Medical Situation Response Guideline at:
n. Any inter-unit transfer within BCCH (e.g. nursing unit ↔ OR, nursing unit ↔ nursing unit, Emergency Department ↔ nursing unit).

PRACTICE LEVEL / COMPETENCIES
Safe patient transport is a foundational competency and is a responsibility shared by all health care providers and family members.
PROCEDURE

1. **ASSESS** the suitability of transporting a patient to ensure safe transport and that adequate monitoring and equipment is available during transport.

2. **DETERMINE** who the appropriate personnel should be to safely accompany the patient based on acuity and needs of patient.

   **NOTE:** For patients requiring an x-ray examination, for which safe transport is not possible, see portable x-ray policy.

3. **OBTAIN** supplies, equipment and additional personnel (eg. Porter, RT) as necessary to provide safe transport and adequate monitoring (eg. portable oxygen, portable monitors, wheelchair, stretcher).

   **NOTE:** **TRANSPORT** patients using stroller, buggy, wheelchair, bed, stretcher or crib; **DO NOT** transport patients in arms. A parent may sit in a wheelchair and hold their child if needed. Instruct parents not to carry children on stairs

4. **REFER** to Infection Control Manual for instructions when transporting a patient on additional precautions/isolation.

5. **REMAIN** with the patient under the above circumstances until the patient is under the supervision of appropriately trained/competent personnel in the receiving department or unit.

6. **ENSURE** patients with central lines are accompanied by a caregiver or porter who is familiar with central line emergency care. **REVIEW** emergency care with caregiver/porter prior to transport.

7. **SALINE**-or **HEPARIN-LOCK** Intravenous (IV) lines of patients going to ambulatory care areas if possible. If this is not possible, the RN must remain with the patient for the duration of the appointment.

8. **DOCUMENT** on appropriate records:
   - Date and time
   - Diagnostic or treatment area transported to
   - Patient’s condition before, during and after as appropriate
   - How patient tolerated transport

REFERENCES


Nursing Pharmacy Liaison Committee Minutes Item 4.6. October 10, 2007.


