

**Scope:** All adult Intensive Care and Step Down units

**Population:** Inclusion:  
▪ ICU patients requiring intrahospital transport  
▪ Emergency Department patients admitted to the ICU

Exclusion:  
▪ Patients intubated in the operating room and transported to the ICU immediately post-operative (no other destination)

**Policy:** **To ensure the consistency of a safe level of care for critically ill adult patients who are being transported or may be transported, between areas of the hospital.**

**Procedures:**

**I. Emergency Equipment Needed for Transport**

- a. Defibrillator and pads
- b. Resuscitation bag, mask, PEEP valve and syringe
- c. Mechanical ventilator (if the patient is on a ventilator)
- d. ACLS/Travel bag medications
- e. Portable suction apparatus
- f. Capnostat monitor

**II. Prior to Transport**

- a. To minimize the risk for safety defects during the transportation of critically ill patients to and from patient care areas, patients who are being considered for transport will require review and approval by the supervising physician (ICU Attending or designee) **1** hour prior to transport.
- b. The critically ill patient should be assessed prior to transport, including need for sedation. If any safety concerns arise, any member of the healthcare team may present these to the ICU Attending or designee.
- c. Before every transport of a mechanically ventilated patient (See transport bundle Figure 1):

- i. Stop tube feedings prior to transport (30 minutes prior to non-emergent transports)
  - ii. Notify respiratory therapy resource phone 5-2012 of need for transport (\*For patients in the Operating Room, this should be done at the time the closing call is made to the receiving ICU)
  - iii. Suction endotracheal tube as needed
  - iv. Suction the patient's oropharynx with straight 14Fr suction catheter
  - v. Aspirate the Hi-Lo EVAC port (SGS) and naso/oro-gastric tubes (if present) and connect to portable suction.
  - vi. Check ET tube cuff pressure to ensure pressures are within the range of 25-30 cm H<sub>2</sub>O.
  - vii. Transport with HOB at 45° if possible.
  - viii. Transport on mechanical ventilator to avoid disruption of breathing circuit.
  - ix. Completion of the transport checklist
  - x. Upon return to patient room resume all scheduled care (i.e. oral care, subglottic suction on, check endotracheal tube placement and cuff pressure)
- d. If approval for transport is denied, the bedside nurse will notify the appropriate department to reschedule.

### **III. During Transport**

- a. For all patients with an endotracheal or tracheostomy tube who require ventilation, a minimum of two people, one of whom must be an appropriately validated registered nurse or anesthesiologist (or designee) and a Respiratory Therapist, must accompany the patient.
- b. For step-down level of care, the ICU/SD attending (or designee) or primary service (if no ICU/SD attending coverage) may enter an order that the patient may leave the unit without a nurse and critical care monitoring.
- c. A physician/APRN/PA will remain with the patient if the patient is likely to require interventions outside of the nursing realm.
- d. All patients with invasive monitoring or specialized medical equipment require an appropriately validated nurse, physician or APRN/PA to accompany and remain with the patient.
- e. With any transfer of care, hand-over report is required. Report must be received by personnel qualified to competently manage the critically ill patient.

#### **IV. Monitoring during Transport Policy for Intrahospital Transport of the Adult Critical Care Patient**

All parameters that require continuous monitoring need to be supported and visualized during patient transport. These include, but are not limited to, the following:

- a. Measurement and documentation of BP, ECG, RR,  $S_pO_2$ , End-tidal  $CO_2$  as patient condition warrants
- b. Continuous monitoring of other invasive monitors as necessary (e.g. arterial line, pulmonary artery catheter, ICP monitor, etc.)

#### **Figure 1**

##### **Transport Bundle**

The following recommendations will be completed by RN/RT prior to transport of an intubated patient (within 60 minutes for non-emergent transports)

1. Assess level/need for sedation
2. Stop tube feedings prior to transport (30 minutes prior to non-emergent transports)
3. Endotracheal suctioning as needed
4. Suctioning of the oropharynx with straight 14 french suction catheter
5. Hi-Lo EVAC port (SGS) and gastric tube connected to portable suction
6. Cuff pressure recheck to insure 25-30cm  $H_2O$ .
7. Transport with HOB at 45° if possible
8. Transport on mechanical ventilator to avoid disruption of breathing circuit.
9. Upon return to patient room resume all scheduled care (i.e. oral care, subglottic suction on, check endotracheal tube placement and cuff pressure)

Key Words Search: intrahospital, transport, policy, critical care, adult, patient, approval, monitoring, equipment, care