LAC+USC MEDICAL CENTER
DEPARTMENT OF NURSING SERVICES POLICY

Subject: **Transport of Critically Ill Patients From the ICU to Special Procedure / Diagnostic Testing Areas**	Original Issue Date: 06/06 Supersedes: 1/14	Policy # **704** Effective Date: 05/18

Departments Consulted:	Reviewed & Approved by:	Approved by:
MICU; SICU; NCC; Nursing; transport	Professional Practice Committee Nurse Executive Committee Attending Staff Association Executive Committee	(signature on file) Isabel Milan Chief Nursing Officer

PURPOSE

- Critically ill patients are at increased risk of morbidity and mortality during transport. Risk can be minimized and outcomes improved with careful planning, the use of appropriately qualified personnel, and selection and availability of appropriate equipment[1]
- To provide critically ill patients safe transport to and from Intensive Care Units (ICU) and special procedure/diagnostic testing areas.

POLICY

Comparable care is provided when transporting a critically ill patient for a special procedure / diagnostic test from an ICU. The level of nursing care during transport is determined by the patient's condition. An ICU trained nurse, who has completed a competency-based orientation and who meets the standards described for ICU nurses, with or without a physician or associate provider (NP, PA) will accompany the patient.

A Critical Care Transport team of ICU trained nurses exists. When available, these nurses may accompany a patient in LAC+USC Medical Center during transport. Additional personnel may be utilized for transport, such as a respiratory care practitioner (RCP), depending on the patient's status.

Special consideration for patients receiving vasoactive medications and/or mechanical ventilation should be given when undergoing Magnetic Resonance Imaging (MRI) procedures for ventilation the following reasons:

- MRIs tend to be longer procedures
- 2. Potential use of sedation in non-cooperative patients
- 3. MRI specific equipment (IV pumps, ventilators, etc)
- 4. Emergencies require longer response time due to 'magnetic room'.

As such, the necessity of MRI should be weighed versus the potential risks and should only be performed if the results are likely to alter the management or outcome of the patient. As such, approval by the Intensive Care attending physician on service is required. If approved, a communication order will be placed naming the MRI procedure along with the name of the attending physician approving the procedure and transport.

PROCEDURE

The Critical Care Transport Team nurse / primary care ICU nurse / physician / associate provider:

- Accepts responsibility for the care of the patient during transport.
- Maintains privacy of confidential medical information at all times.
- Follows the standards of care and maintains the same level of care the patient was receiving in the unit at all times.
- Transports patients from the ICUs to the following special procedures/diagnostic testing areas:
  - Diagnostic/Imaging Centers: CT, MRI, Xray, Nuclear Medicine, Ultrasound
  - Special Procedures: Interventional Radiology, Cardiac Cath Lab, ERCP, GI Lab, Bronchoscopy suite, Fluoroscopy
  - Clinical Procedures: Radiation, Urology, EMG

  Note: non-ventilated ICU patients needing Interventional Radiology (IR) Procedures or cardiac procedures should be transported to the IR suite or cardiac cath lab by the primary care ICU nurse with or without a physician or associate provider. The Transport team may be utilized if the primary care ICU nurse and physician are unavailable or when unit coverage precludes the primary care ICU RN from accompanying the patient.

In the event of one or more patients needing transport, the Critical Care Transport team will:

- Assess the situation
- Triage the highest priority for transport
- Communicate the situation and additional resources that may be needed to the nurse manager/designee or nursing supervisor and physician

The Critical Care Transport Team is available 24 hours per day, seven days per week.

If the Critical Care Transport Team is not available to provide service to ICU-patients, the primary nurse and physician (and respiratory care provider, if necessary) assigned to the patient can transport the patient to and from the special procedure/diagnostic testing area. In this event, the second patient will be assigned to another nurse until the primary nurse returns.

The charge nurse and the shift nurse manager (and if needed, the respiratory care manager or supervisor) will be consulted if additional staffing needs arise.

In the event of critical staffing, Critical Care Transport Team, nurses, physicians, and respiratory care practitioners will work collaboratively to ensure the appropriate level of monitoring coverage for the patient based on patient status.

Safety

Prior to transport, the Transport Team will speak to the patient's primary care ICU nurse to get the most up-to-date patient vitals and discuss clinical stability. If patient is deemed unstable for transport, the bedside ICU RN will notify the physician. Transports in patients considered unstable must be approved by a physician (PGY2 level or greater or the attending physician) and must be accompanied by additional personnel. In these rare cases, if the test is still considered necessary, the personnel (MD, PA, NP, etc) accompanying unstable patients in conjunction with the transport team must have training in airway management and advanced cardiac life support.

Critically ill patients with the following physiologic parameters should be considered unstable for transport:

System	Parameters
Cardiovascular	Heart rate ≤40 or ≥140 with new symptoms Heart rate≥160 Systolic Blood Pressure ≤80 or ≥200 Diastolic Blood Pressure >110 with symptoms On ≥3 vasopressors and/or inotropes
Respiratory	Rate ≤8 or ≥36 New-onset difficulty breathing New-onset pulse oximetry ≤90%
Neurologic	Active convulsive seizures New-onset intracranial hypertension prior to ICU treatment given Severe agitation not responsive to benzodiazepines

The transport nurse will follow the Nursing Clinical Standard "Transport of Critically Ill Patients Between ICUs and Special Procedure/Diagnostic Testing Areas."

Hemodynamic pressure waveform monitoring must be continuous to determine safety issues such as dislodgement or movement of invasive catheters.

Patients requiring *alternate* modes of ventilation (e.g. inverse ratio), which cannot be duplicated during transport or at the destination location, may require an attempt at another form of ventilation for transport. A trial simulating transport conditions should be conducted with this modified mode of ventilation before leaving the ICU. If patient cannot tolerate the trial, document patient's response and notify physician. The risks and benefits of transport must be reexamined with the physician.

Patients on continuous Non-Invasive Positive Pressure Ventilation must be accompanied by an RCP.

Documentation

The relinquishing nurse will document the handoff of the patient in the EHR both prior to moving the patient out of the intensive care unit and upon return to the unit in accordance with the Department of Nursing policy 706.

The transport will be documented in accordance with unit standards and practices. Vital Signs will be documented every 30 minutes at a minimum, and more frequently when vasoactive drugs are being utilized. The destination, departure, and/or arrival times as well as a transport-formative note will be entered into the EHR. The critical care transport team nurses will document transport-related data in the transport record log book.

REFERENCES

American College of Critical Care Medicine, “Guidelines for the Inter- and Intrahospital Transport of Critically Ill Patients,” 2004

REVISION DATES

6/06, 9/08, 01/14, 05/18