# OLIVE VIEW-UCLA MEDICAL CENTER PROCEDURAL SERVICES POLICY & PROCEDURE

NUMBER: 1927 VERSION: 2

SUBJECT/TITLE: TRANSFER OF THE PATIENT TO AND FROM INTERVENTIONAL

RADIOLOGY, CARDIOLOGY, OR ENDOSCOPY LABS

**POLICY:** Patients transferring to and from the Interventional Radiology, Cardiology, or

Endoscopic Laboratories will be transported safely to and from the procedure areas by personnel with the appropriate level of training. Hand off communication will be provided by the sending unit nurse prior to procedure and is given to the

registered nurse before post-procedure transfer of the patient.

**PURPOSE:** To ensure the same level of care while transporting patients having invasive

procedures.

**DEPARTMENTS:** Endoscopy Lab, Cardiology, Interventional Radiology, Surgical Services,

Nursing, PACU, Outpatient Special Procedure Area (OSPA)

**DEFINITIONS:** 

PROCEDURE: TRANSFER OF PATIENT

- A. From Department of Emergency Medicine (DEM)/ To Post Anesthesia Care Unit (PACU)/ From and to Outpatient Special Procedure Area (OSPA)
  - 1. Patients transferred to the Interventional Radiology, Cardiology, or Endoscopic Laboratories from DEM will be transported to the procedure area via gurney or wheelchair (as appropriate) by appropriate DEM staff.
  - 2. Hand off communication will be provided by the DEM RN prior to procedure.
  - 3. Patients transferred to the Interventional Radiology, Cardiology, or Endoscopic Laboratories from OSPA will be transported to the procedure area via gurney or wheelchair (as appropriate) by appropriate OSPA staff.
  - 4. Hand off communication will be provided by the OSPA RN prior to procedure and by the procedure area RN prior to transfer to OSPA/PACU.
  - 5. The patient who requires PACU care will be transported from the procedure area to the PACU via bed or gurney by an Anesthesiologist,

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Certified Nurse Anesthetist, or suitable personnel trained in procedural sedation.

- 6. The patient transferring to OSPA will be transported from the procedure area via gurney or wheelchair (as appropriate) by appropriate Procedural Nursing staff.
- 7. The OSPA nurse will assess patient to determine compliance to discharge vital signs criteria. Post-procedure orders must be completed by the physician prior to discharging the patient.
- 8. The patient and/or significant other will be given written and verbal instructions for home care.
- 9. A follow-up phone call shall be made to the patient within 72 hours post-procedure.

### B. To Medical-Surgical Ward/ Telemetry/ Step Down Unit (SDU)

- 1. Patients transferred to the Interventional Radiology, Cardiology, or Endoscopic Laboratories from medical-surgical ward, telemetry, or SDU will be transported to the procedure area via gurney or wheelchair (as appropriate) by appropriate Transport Personnel staff.
- 2. Hand off communication will be provided by the medical-surgical ward, telemetry, or SDU RN prior to procedure and by the procedure area RN prior to transfer to medical-surgical ward, telemetry, or SDU.
- 3. A patient transferred to medical-surgical ward, telemetry, or SDU will be transported in a bed, gurney, or wheelchair (as appropriate) by either sending or receiving unit nursing personnel.
- 4. Hand off communication will be provided to the receiving nurse by Interventional Radiology, Cardiology, or Endoscopic Laboratories nurse prior to transfer.
- 5. Post-Procedure orders will be noted by medical-surgical ward, telemetry, or SDU RN.

#### C. To Intensive Care Unit (ICU)

- 1. Patients transferred to the Interventional Radiology, Cardiology, or Endoscopic Laboratories from the ICU will be transported to the procedure area via gurney or bed by Procedural Nursing Personnel trained in procedural sedation.
- 2. Intubated and/or hemodynamically unstable ICU patients (e.g. on multiple "pressors") will require additional assistance in transport of the patient by the ICU team (RN/RT).
- 3. Monitoring devices (EKG, BP, etc.) and support equipment (O<sub>2</sub> tanks, Ambu bag, etc) required during transport shall be obtained by personnel prior to transport from the ICU.
- 4. Hand off communication will be provided by the ICU RN prior to

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procedure and by the procedure area RN prior to transfer to ICU.

- 5. A patient transferred to the ICU will be transported in a bed or gurney by Procedural Nursing personnel trained in procedural sedation.
- 6. Monitoring devices (EKG, BP, etc.) and support equipment (O<sub>2</sub> tanks, Ambu bag, etc) required during transport shall be obtained by Procedural Nursing personnel prior to transfer to the ICU.
- 7. Post-Procedure orders will be noted by ICU RN.

#### **COMMUNICATION**

- A. Hand off communication will be provided to the receiving nurse by the Interventional Radiology, Cardiology, or Endoscopic Laboratories nurse. This report shall include, but is not limited to, the following:
  - 1. Patient name
  - 2. Allergies
  - 3. Procedure performed
  - 4. Medication received
  - 5. Vital signs, any change in pre-operative status
  - 6. Response to procedure
  - 7. Complications, if any
  - 8. Assessment of patient outcome
  - 9. Special instructions on discharge orders (if applicable)

## **DOCUMENTATION**

- A. The nurse will document the patient's condition/status in the Patient's Electronic Health Record (EHR), and the location the patient was transferred to, and mode of transportation in Tele –Tracking.
- B. A written copy of the discharge instructions shall remain in the patient's permanent medical record.
- C. Follow-up telephone call, from OSPA, shall be documented in the patient's EHR.

References:	
Moderate and Deep Sedation for Procedures, Hand Off Communication, Discharge of the Patient from	
the Endoscopy Laboratory	
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