# OLIVE VIEW-UCLA MEDICAL CENTER POLICY & PROCEDURE

NUMBER: 1859 VERSION: 3

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

RADIOLOGY, CARDIOLOGY, OR ENDOSCOPY LABS

**POLICY:** Patients transferred 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 care. 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:** All

**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 transferred to the procedure area via gurney or wheelchair (as appropriate) by appropriate area 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 transferred to the procedure area via gurney or wheelchair (as appropriate) by appropriate area 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 PACU or OSPA.
- 5. The patient who requires PACU care will be transferred from the procedure area to the PACU via bed or gurney by appropriate area staff. If Anesthesia was provided the patient will be transferred by personnel trained in sedation.
- 6. The patient transferring to OSPA will be transferred from the

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

RADIOLOGY, CARDIOLOGY, OR ENDOSCOPY LABS

Policy Number: 1859 Page Number: 2

procedure area via gurney or wheelchair (as appropriate) by appropriate area staff.

- 7. The ambulatory nurse will assess patient to determine compliance to discharge 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 instructions for home care.
- 9. A follow-up phone call shall be made to the patient within 72 hours post-procedure.

## B. From/ 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 transferred to the procedure area via gurney or wheelchair (as appropriate) by appropriate area 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 transferred in a bed, gurney, or wheelchair (as appropriate) by either sending or receiving unit nursing personnel and/or Transport Team.
- 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 transferred to the procedure area via gurney or bed by personnel trained in sedation.
- 2. 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.
- 3. Hand off communication will be provided by the ICU RN prior to procedure and by the procedure area RN prior to transfer to ICU.
- 4. A patient transferred to the ICU will be transferred in a bed or gurney by personnel trained in sedation.
- 5. Monitoring devices (EKG, BP, etc.) and support equipment (O<sub>2</sub> tanks,

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

RADIOLOGY, CARDIOLOGY, OR ENDOSCOPY LABS

Policy Number: 1859 Page Number: 3

Ambu bag, etc) required during transport shall be obtained by personnel prior to transport to the ICU.

6. 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 location the patient was transferred to, condition/status and mode of transportation on the EHR (Electronic Health Record).
- B. A copy of Patient Visit Summary (Patient education, discharge instructions, follow-up appointment, etc.) will be given to the patient prior to discharge.
- C. Follow-up telephone call shall be documented in the EHR (Electronic Health Record).

References:	
Approved by: Bonnie Bilitch (Chief Nursing Officer)	Date: 05/16/2018
Review Date: <b>05/16/2021</b>	Revision Date:
Distribution: Cardiology, Cardiology/Cath Lab, Emergency Medicine, Medicine, Nursing 4A-4D	
Surgical / Medicine, Nursing 4B-5D Stepdown Unit, Nursing 5A Oncology / Medicine, Nursing 5C	
Telemetry / Medicine, Olive View Hospital-Wide Policies, OR	
Original Date: 05/16/2018	