

**OLIVE VIEW-UCLA MEDICAL CENTER  
RESPIRATORY CARE SERVICES - ADULT  
POLICY & PROCEDURE**

**NUMBER: 862  
VERSION: 1**

**SUBJECT/TITLE: IN-HOUSE VENTILATOR TRANSPORT**

- POLICY:**
1. All ventilator dependent patients will be transported on a gurney or appropriate sized hospital bed, and accompanied by the transport team.
  2. The RCP will maintain the ventilator and patient airway during transport to and from the special procedure area.
  3. Breath Sounds will be assessed prior to transport, upon arrival to special procedure area, prior to departure from special procedure area, and upon return to the ICU or the DEM.

**PURPOSE:** To assure safe transport and proper monitoring of ventilator dependent patients undergoing a special procedure

**DEPARTMENTS: RESPIRATORY CARE SERVICES**

**DEFINITIONS:**

**CONTRAINDICATIONS:**

1. Inability to provide adequate oxygenation and ventilation during transport either by manual ventilation or portable ventilator.
2. Inability to maintain acceptable hemodynamic performance during transport.
3. Inability to adequately monitor patient's cardiopulmonary status during transport.
4. Inability to maintain airway control during transport.
5. Transport should not be undertaken unless all the necessary members of the transport team are present. A transport team should consist of the following personnel:
  - a) Registered Nurse (RN)
  - b) Respiratory Care Practitioner (RCP)
  - c) Certified Nurse's Aide (CNA)
  - d) Medical Doctor (MD) when appropriate

**SUBJECT/TITLE: IN-HOUSE VENTILATOR TRANSPORT**

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**HAZARDS:**

1. Hyperventilation during manual ventilation may cause respiratory alkalosis, cardiac dysrhythmias, and hypotension.
2. Loss of PEEP/CPAP may result in hypotension, hypercarbia, and hypoxemia. Therefore PEEP valves will be used when applicable.
3. Positioning patient may result in hypotension hypercarbia, and hypoxemia.
4. Tachycardia and other dysrhythmias have been associated with transport.
5. Equipment failure can result in inaccurate data or loss of monitoring capabilities.
6. Inadvertent disconnection of intravenous pharmacological agents may result in hemodynamic instability.
7. Disconnection from ventilatory support during transport may cause respiratory compromise.
8. Accidental extubation may result in transport.
9. Hypoxemia due to accidental loss of oxygen supply during transport.

**EQUIPMENT:**

1. Transport Ventilator
2. Portable oxygen source of adequate volume
3. Self-inflating manual resuscitator and mask of appropriate size
4. PEEP Valve when necessary

References:	
Approved by: Edward Richard Lind (Chief of Respiratory Therapy), Nikhil Barot ()	Date: 08/22/2017
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