

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

Policy Title:	CCT: TRANSPORT OF THE PATIENT WITH AN INTRA-AORTIC BALLOON PUMP (IABP) / VENTRICULAR ASSIST DEVICE (VAD)					
Category:	1 - Provision of Care			Policy No.:	127	
Originally Issued:		6/24/2018		Update (U)/Revised (R):		6/27/2018
Distribution: Hospital-Wide ⊠		If not Hospital-Wide, Other:				

PURPOSE:

Patients requiring Intra-Aortic Balloon Pump support during transport are often severely compromised and may be dependent on a variety of medical interventions for support. The patient with an Intra-Aortic Balloon Pump will be accepted for transport only if the patient is being moved for medical necessity to a facility where the same or higher level of medical care can be delivered, and if the overall benefits of the transport outweigh the risk of transport.

DEFINITION(S):

None

POLICY:

Transport of the Patient with an Intra-Aortic Balloon Pump (IABP)/Ventricular Assist Device (VAD).

PROCEDURE:

The Care Critical Transport RN will **not** take responsibility for the IABP/VAD during transport. The transporting facility must provide the personnel to manage the IABP/VAD. If there is no one available, the receiving facility may provide the appropriate personnel, and time must be allowed to pick them up before proceeding to the call.

The most common models of IABP now on the market are highly portable and fit into the type 3 modular ambulances without difficulty. The VADs are centrifugal pump that requires a large universal power supply that travels together. The patient may have to be loaded onto the gurney and into the ambulance feet first to accommodate the pump console.

The Communication Center will not oblige Care to the transport until the following criteria is met:

- Patient acceptance and bed assignment have been confirmed by the receiving facility
- A portable IABP and technician are available
- Contacting sending facility for dimensions of IABP and VAD
- Verify with the crew that the unit configuration will accommodate the IABP
- Orders need to be written for the IABP as well as for the argumentation ratio (1:1, 1:2 and 1:3).

CCT: TRANSPORT OF THE PATIENT WITH AN INTRA-

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ASSIST DEVICE (VAD)

 Documentation must include the extremity of balloon placement, side condition, distal pulses, extremity color and temperature. If available, document balloon size and serial number.

• The ambulance must be equipped with an alternative power source (inverter).

ATTACHMENTS/FORMS:

None

REFERENCE(S)/AUTHORITY:

None

APPROVED BY:

Bonnie Bilitch (Chief Nursing Officer) Judith Maass (Chief Executive Officer) Shannon Thyne (Chief Medical Officer)