

Department:	Maternal Intensive Care Unit		
Document:	Departmental Policy and Procedure		
Title:	Transportation of Critically Ill Patient		
Applies To:	All Maternity Intensive Care Unit Staff		
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1. PURPOSE:

- 1.1 To provide guidelines for intra-hospital transportation of a critically ill and / or mechanically ventilated patient for diagnostic or therapeutic procedures.

2. DEFINITIONS:

- 2.1 **Critically Ill Patients** – have life threatening injuries or illnesses that are associated with reduced or exhausted physiological reserves. Transporting such patients exposes them to additional risks and requires the services of highly trained and skilled practitioners.

3. POLICY:

- 3.1 These guidelines are intended for the critical acute care inpatient settings.
- 3.2 Transportation of critically ill, especially mechanically ventilated patients for diagnostic or therapeutic procedure is always associated with a degree of risk. Every attempt should be made to assure that monitoring, ventilation, oxygenation and patient care remain constant during movement. Patient transportation includes preparation, movement to and from the unit of origin (MICU/ ward/ Emergency Department).
- 3.3 The necessity and safety for transportation is assessed by the multidisciplinary team of health care providers (e.g. physician, nurse, respiratory therapist). The risk of transport should be weighed against the potential benefits from the diagnostic therapeutic procedure to be performed.
- 3.4 Do not transport, unless all the necessary members of the transportation team are presents.
- 3.5 The escorting physician should be from the transferring department/service.

4. PROCEDURE:

- 4.1 General Principles
 - 4.1.1 Empty all fluid containing bags e.g. urobag, surgical drainage bag etc.
 - 4.1.2 Minimize the equipment and lines, as much as possible.
 - 4.1.3 Check again all equipment, immediately before moving the patient.
 - 4.1.4 Transport the patient on his/her own bed.
 - 4.1.5 Monitor (s) / pulse oximeter screen to be faced towards the monitoring personnel.
- 4.2 Settings
 - 4.2.1 Contra-Indications:
 - 4.2.1.1 Inability to provide adequate oxygenation and ventilation during transport whether by manual ventilation, portable ventilator, or standard MICU ventilator.
 - 4.2.1.2 Inability to maintain acceptable hemodynamic performance during transportation.
 - 4.2.1.3 Inability to maintain airway control during transportation.
 - 4.2.2 Pretransport Coordination and Communication:
 - 4.2.2.1 Continuity of patient care is ensured by physician – to – physician and/or nurse to nurse communication

- 4.2.2.2 The date/time of appointment is confirmed. Other members of the healthcare team (e.g., respiratory therapist) then are notified regarding the timing of the transport and the equipment support that will be needed.
- 4.2.2.3 Before transport, the receiving location confirms that it is ready to receive the patient for immediate procedure or testing.
- 4.3 Equipment:
 - 4.3.1 Equipments for emergency airway management – check for operation before transportation.
 - 4.3.2 Portable oxygen source of adequate volume.
 - 4.3.3 A pulse oximeter.
 - 4.3.4 A self-inflating bag and mask of appropriate size.
 - 4.3.5 Transport ventilators have shown to provide more constant ventilation than manual ventilation in some instance, if a portable ventilation than manual ventilation in some instance, if a portable ventilator is used it should:
 - 4.3.5.1 Have sufficient portable water power supply for the duration of transport.
 - 4.3.5.2 Have independent control of tidal volume and respiratory frequency.
 - 4.3.5.3 Be able to provide full ventilatory support as in Assist Control or Intermittent mechanical ventilation (not necessarily both).
 - 4.3.5.3.1 Deliver a constant volume in the face of changing pulmonary impedance.
 - 4.3.5.3.2 Monitor airway pressure.
 - 4.3.5.3.3 Provide a disconnect alarm.
 - 4.3.5.3.4 Be capable of providing positive end expiratory pressure (PEEP).
 - 4.3.5.3.5 Provide Fractioned Inspired Oxygen (FiO₂) of 1.0 liit i.e. 100%.
 - 4.3.6 Emergency pharmacologic agents and sedation drugs.
 - 4.3.7 Portable monitor shall display electrocardiogram (ECG), heart rate, and blood pressure measurement.
 - 4.3.8 Appropriate humidifier.
- 4.4 Accompanying Personnel:
 - 4.4.1 All mechanically ventilated patients are accompanied by at least two persons: one will be registered nurse, another respiratory therapist or a registered nurse (physician if the patient has endotracheal tube, not tracheostomy tube or unstable) during the entire transportation.
 - 4.4.2 At least one team member should be proficient in managing airway in the event of an accidental extubation.
 - 4.4.3 At least one team member should be proficient in operating and troubleshooting all of the equipment described above.
 - 4.4.4 When procedure is anticipated to be lengthy and the receiving location is staffed by appropriately trained personnel, patient care may transfer to those individuals if acceptable to both parties.
- 4.5 Monitoring provided during transport, is to be similar to that during stationary care. Following parameters are monitored:
 - 4.5.1 Continuous electrocardiography.
 - 4.5.1.1 Continuous pulse oximetry
 - 4.5.1.2 Periodic measurement of blood pressure, pulse rate, and respiratory rate.
 - 4.5.1.3 Periodic monitoring of mechanical ventilator parameters: Tidal Volume, Respiratory rate, FiO₂.

5. MATERIAL AND EQUIPMENT:

- 5.1 Airway
- 5.2 Portable oxygen source of adequate volume
- 5.3 Self – Inflating bag and mask of appropriate size
- 5.4 Portable Ventilator
- 5.5 Pulse Oximeter
- 5.6 Portable Monitor
- 5.7 Stethoscope
- 5.8 Emergency medications

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse







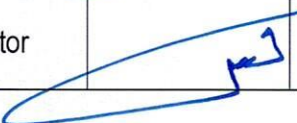
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Guidelines for Adult ICU Care/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013.
<http://www.anzca.edu.au/documents/ps52-2015-guidelines-for-transport-of-critically-i>.

9. APPROVALS:

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