

# X Healthcare Policy: Inter-Unit Transport Protocol for Critically Ill Patients

**Policy Number: 13**

## Rationale

This policy establishes a standardized protocol for the safe and efficient inter-unit transport of critically ill patients requiring specialized imaging (e.g., MRI, Interventional Radiology) outside of Intensive Care Units (ICUs). It addresses the logistical complexities and safety measures involved in moving patients with significant medical support, such as multiple infusions, ventilators, and hemodynamic monitoring.

## Scope

This policy applies to all healthcare personnel involved in the transport of critically ill patients within X Healthcare facilities.

## Procedures

### Personnel Requirements

Based on patient acuity and stability, the following personnel must accompany the patient during transport:

- Critically ill patients on ventilators or requiring continuous infusions: A critical care nurse and a respiratory therapist.
- Hemodynamically unstable patients: A physician or advanced practice provider.
- All transports: A designated transport assistant.

## Equipment Checklist

The following equipment must be verified and accompany the patient during transport:

- Portable physiological monitor with ECG, SpO<sub>2</sub>, and blood pressure monitoring.
- Transport ventilator with pre-set settings: Tidal volume 500 mL, respiratory rate 16 breaths/min, FiO<sub>2</sub> 40%.
- Emergency medication box containing: Epinephrine 1mg, Atropine 0.5mg, and Nitroglycerin 50mcg/ml.
- Portable suction device with suction catheters.
- Oxygen supply with at least 2 hours of supply at 10L/min.

## Pre-Transport Checklist

1. Confirm the procedure and location with the receiving department: MRI Suite B, Interventional Radiology Room 3.
2. Review patient's medical record, including current medications, allergies, and code status.
3. Stabilize the patient's condition and ensure all lines and tubes are securely connected.
4. Communicate patient's status and plan of care to the transport team.
5. Complete transport documentation, including pre-transport vital signs and checklist.

## Communication Handoffs

- Verbal handoff at the receiving department to the designated personnel, including patient's current status and any specific considerations.
- Document the transport details, including time of departure and arrival, and any issues encountered during transport.

## Contingency Plans

- In case of patient deterioration during transport, immediately notify the physician escort and initiate emergency procedures per X Healthcare's code response protocol.

- If transport equipment malfunctions, use backup equipment or return to the originating unit for stabilization.
- For unexpected delays, maintain communication with the receiving department and the patient's care team.

## Example Numbers

- Average of 10 inter-unit transports of critically ill patients per month.
- Maximum transport time of 30 minutes allowed without reassessment of patient status.
- Notification to receiving department must be given at least 15 minutes prior to transport.