

# Transport for Tests/Treatments/Procedures: Patient Accompaniment

## Site Applicability

*PHC Acute Care, SPH and MSJ*

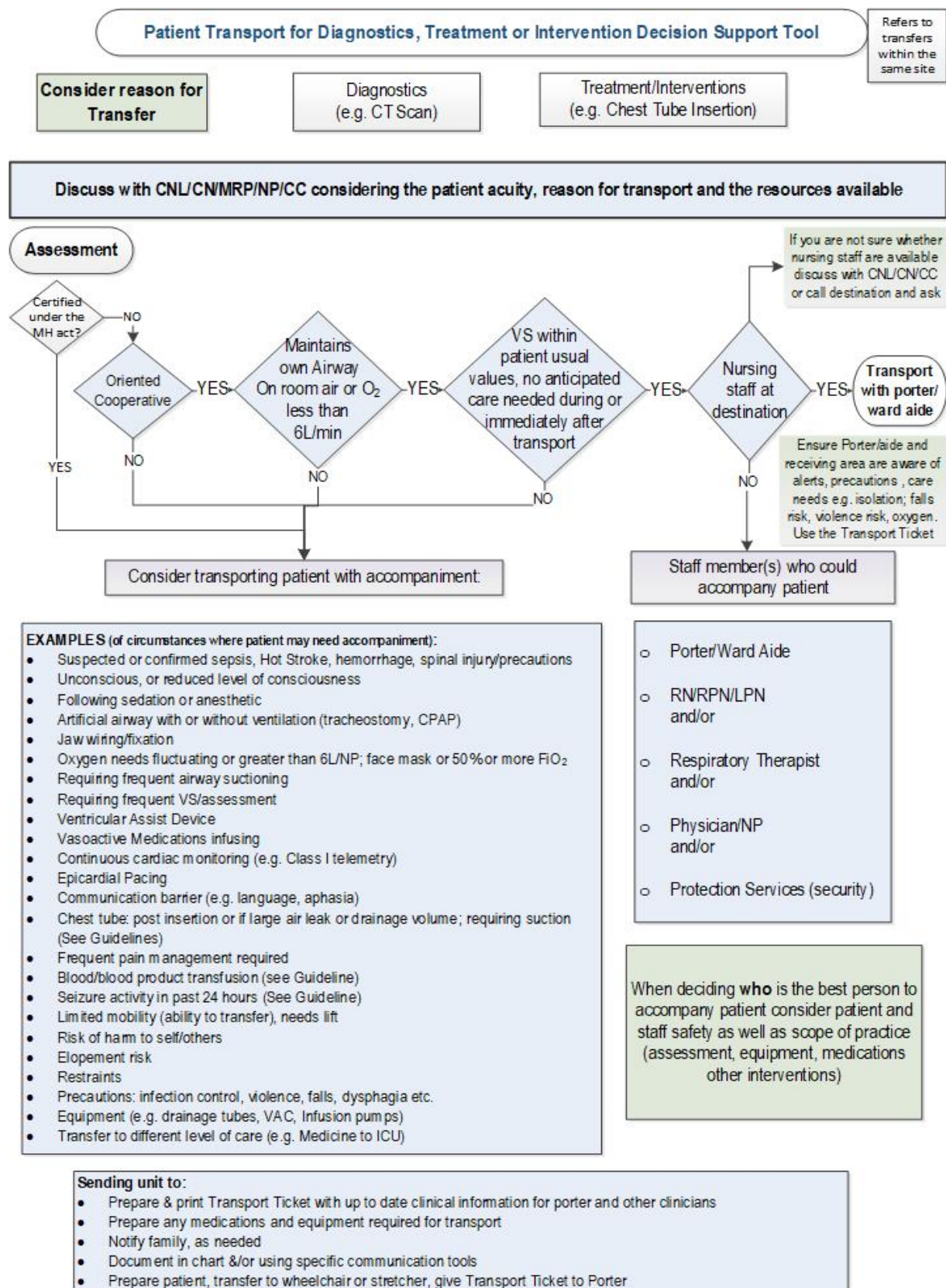
## Practice Level

### Basic:

- Registered Nurse (RN)
- Registered Psychiatric Nurse (RPN)
- LPN - in collaboration with RN
- Respiratory therapist (RT)
- Physician/NP

## Algorithm

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## Need to Know

- Transport refers to the patient leaving their home unit for diagnostic tests/treatments/procedures and returning to the home unit after completion.
- Patient assessment must be completed prior to transport to determine patient transport needs.
- Using critical thinking skills an interdisciplinary team must assess risk to patient stability during transport and whether accompaniment is needed.
- When an RN /RPN/ LPN is unsure whether a patient needs accompaniment, they must consult with the most appropriate team member such as Clinical Nurse Leader (CNL), Clinical Coordinator (CC), Patient Care Manager (PCM), Charge Nurse, Physician, Nurse Practitioner [NP], Respiratory Therapist (RT).
- If an RN/RPN/LPN must accompany a patient, then the CNL, Charge Nurse, CC/CSC or PCM will make alternate arrangements for the remaining patients on the unit so that all patients are safely cared for during their absence
- The RN/RPN/LPN/RT accompanying the patient maintain responsibility for their care until a handover to another health care provider is completed
- Many diagnostic areas do not have Nurse/RT coverage.
- Porter/ ward aides are not responsible for providing direct patient care.
- Patient should be accompanied by most appropriate team member in following circumstances :
  - Airway/breathing compromise/monitoring
  - Require frequent interventions and/or monitoring
  - Elopement risk / threat to self or others
  - Neurological or Hemodynamic compromise/monitoring
- RT should be consulted for all transports where the patient requires greater than 6 LPM NP
- Complete Transport Ticket PowerForm with pertinent patient information that the porter and other clinicians may need to know during transport. Ensure Transport ticket is printed and given to the porter/aide for each patient on transport/transfer (see [CST Cerner Help](#) for instructions)

## Equipment and Supplies

- Ensure battery is fully charged on Telemetry packs, IV pumps, portable suction.
- Ensure sufficient supply of oxygen in portable tank (preferably full). See [B-00-13-10019](#)
- For tracheostomy patients refer to [RT Tracheostomy Clinical Practice Guideline](#)
- For Chest tube patients refer to [Chest Tube: Patient Assessment and Interventions](#)

## Guideline

### Assessment and Interventions

[See Algorithm](#) page 2

**Ventricular Assist Device patients transporting to OR:**

1. Sending unit (5A, CICU, CSICU) CNL will communicate with OR CNL prior to transfer. Whenever possible & especially for clinically unstable patients, timing should be coordinated and patients should be transported directly to the OR
2. For stable VAD patients coming from 5A (i.e. direct-admitted patients for transplant), they may wait in the pre-surgery/pre-op holding area where they are not directly observed at the bedside, but will be provided a call bell to reach OR RNs if needed:
  - a. If patient requires non-VAD related care – this can be managed by the OR RN
  - b. If patient requires VAD-related care OR RN can request assistance from perfusion staff +/- call the VAD hotline (604-250-2658), CSICU RN staff

**Documentation**

- The Transport Ticket must be with the patient during the transport to the test/procedure destination. Consider sending the Chartlet, particularly during a Cerner downtime.
- Document patient status/VS **prior to** starting transport and **upon return** to the sending unit as appropriate for patient condition.

**Patient and Family Education**

- Patients, and where possible family, will be notified verbally of the patients transport.

**Related Documents**

1. [BD-00-07-40059](#) - Seizure Management (Adult/Pediatric)
2. [BD-00-07-40011](#) - Chest Tubes and Chest Drainage Systems: Patient Assessment and Interventions
3. [BD-00-07-40015](#) - Chest Tubes: Management of Potential Complications
4. [B-00-13-10019](#) - Oxygen Therapy; Acute Care
5. [B-00-07-10034](#) - Tracheostomy Care, Nursing and Respiratory Therapy
6. [B-00-12-10065](#) - Blood/Blood Products Administering
7. [B-00-13-10059](#) - Least Restraint: Care of the Patient at Risk for or Requiring Restraint (Acute and Sub Acute Care)

**References**

1. Alamanou, D. G., & Brokalaki, H. (2014). The risk Intrahospital transport policies: The contribution of the nurse. *Health Science Journal*, 08(1), 166-178. Retrieved March 22, 2018, from <https://pdfs.semanticscholar.org/ca37/4cb028f51e1ab1e4d282f569047bcd41a18f.pdf>.
2. Runy, L. N. (2008). Patient Handoffs: The pitfalls and solutions of transferring patients safely from one caregiver to another. *Hospitals & Health networks (H&HN)* May 2008 issue, retrieved Jan 2010

3. Wallace, P.G.M. (1999). Transport of critically ill patients. British Medical Journal, volume 319, p. 368-371
4. Vancouver Coastal Health (2021) Patient Accompaniment within the hospital (Intrahospital): Transport for tests, treatments, procedures and transport between care areas).  
<http://shop.healthcarebc.ca/vch>

**Persons/Groups Consulted:**

Practice Consultant, PHC  
Clinical Resource Nurses, PHC  
Medicine Leadership Group, PHC  
Nursing Practice Council, PHC  
PHC Nurse Educator Group  
PHC Clinical Nurse Specialist Group  
Heart Centre Transplant/VAD Team

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