Patient Accompaniment within the hospital (Intrahospital): Transport for tests, treatments, procedures and transport between care areas

Site Applicability

- VCH Acute Care Sites and GF Strong
- Evergreen House and Purdy Pavilion

Practice Level

Basic skills for the following professions within their scope of practice:

- RN, RPN, LPN
- RT

Requirements

- Patient care staff (RN, RPN, LPN, and/or RT) must assess if the patient is safe to move, given their clinical condition.
- Patient care staff (RN, RPN, LPN, and/or RT) must assess need for patient accompaniment prior to transporting patient. When a nurse is unsure whether a patient needs accompaniment, he or she must consult with the most appropriate team member(s) (nursing clinical leadership team, physician, nurse practitioner (NP), or RT
- Follow practice guideline table below to determine most appropriate healthcare provider(s) to accompany patient.
- If a nurse must accompany a patient, the nursing clinical leadership team will make alternate arrangements for the remaining patients on the unit so that all patients are safely cared for.
- Patient identification must be verified using two unique identifiers prior to transport.
- Accompanying patient care staff maintains responsibility for the patient's care until a formal transfer of responsibility is completed. Clinicians will use a structured approach when using handover. If handover is not possible, this may mean the accompanying staff member stays with patient while test, treatments or procedure is being completed.
- Any time a patient is transported, the required emergency equipment must accompany the patient including but not limited to equipment for tracheostomies, laryngectomies, and chest tubes.

Need to Know

- Transport in this decision support tool (DST) refers to patient being transported to and from diagnostic tests, treatments and procedures, and patients being transported to other units for ongoing care, including perioperative transfers.

- Patient Escort personnel are not responsible for providing direct clinical care.
- Many diagnostic areas (i.e. medical imaging, cardiology) do not have nursing or RT coverage. This may mean the accompanying staff member is expected to stay with the patient while test, treatments or procedure is being completed.

Guideline

*** Minimum Requirements: Describes minimum clinician requirements for patient transfer. Determination should be based on scope of practice, and individual competency of clinician. Additional clinicians should be added based on patient needs and/or environment.**

Indication	Minimum Requirements*	Comments
Requiring assessment , monitoring, and or nursing intervention that cannot be delayed or deferred for duration of transfer including: • Medication for pain, anxiety, or symptom management • Blood glucose monitoring • Microvascular assessment (e.g. flap) • Care that cannot be provided by staff in diagnostic or intervention area	LPN or RN or RPN	
Physiological instability or potential for physiological instability	RN or RPN	
GCS 8 or less, RASS greater than +2, RASS less than -3, and/or POSS 4	RN	
Endotracheal tubes, including nasotracheal tubes	RN and RT **EXCEPTION**: Rural sites where RTs are not available, transfer may occur with RN(s) only	
C-Spine Precautions	RN	
Quadriplegia and unable to manage own airway	RN and RT	
Tracheostomy (stoma) less than 1 week old	RN or RT **EXCEPTION:** RTs accompany all cuff up trachs at LGH	
Tracheostomy transfer to BCCA	RN or RT	
Requiring suctioning every hour or more frequently	RN or RT	
Invasive mechanical ventilation	RN and RT **EXCEPTION**: Rural sites where RTs are not available, transfer may occur with RN(s) only	
Non-Invasive Positive Pressure Ventilation (BiPAP) for acute reason	RN and RT **EXCEPTION**: Rural sites where RTs are not available, transfer may occur with RN(s) only	

Chronic Non-invasive positive pressure ventilation (BiPAP)	RT **EXCEPTION**: Rural sites where RTs are not available, transfer may occur with RN(s) only	
Nocturnal Non-invasive positive pressure ventilation (BiPAP)	No accompaniment required, unless patient has any other indications for accompaniment.	
Oxygen requirements above FiO_2 70 percent	RT **EXCEPTION**: Rural sites where RTs are not available, transfer may occur with RN(s) only	
Oxygen Requirements greater than 50 percent but less than 70 percent	RN or RT	The RT will set up patients on oxygen greater than 50 percent for transport and will assess in collaboration with the RN whether patient needs to be accompanied
Pleural Chest Tube with any of the following conditions: • Air leak is present • Inserted in the last 24 hours • Drainage exceeds these volumes: ○ Sanguineous output greater than or equal to 100ml/h ○ All other types of drainage (i.e., serosanguineous, serous, or chylous) greater than or equal to 100mL/hr X 3 hr • Suction is required during transport • Clamped (as ordered) for less than 24 hours	RN	
Continuous ECG monitoring	RN	ECG monitoring should not be discontinued exclusively to facilitate transport.
Invasive hemodynamic monitoring	RN	
Minnesota (Blackmore) Tube in Place and Inflated	RN	
Insulin Infusion	RN	
Heparin infusing via an AV shunt	RN	
TPA Infusion	RN	

Vasoactive medication infusions	RN	
Blood Product and Blood Component Infusion and/or 1 Hour Post Infusion	RN	
Seizure activity within last 24 hours	RN	Consider accompaniment of patients with history of seizures
Intra-ventricular drains or other invasive neurologic monitoring devices	RN	
Extracorporeal Life Support (ECLS) - ECMO	See Extracorporeal Life Support (ECLS) Intra-Hospital Transport for specific guidance	
Infants from NICU (Richmond Only)	RN	For transport of babies from the NICU to and from off-site appointments. RN to remain with baby during appointment. Documentation is done using the transport record for NICU.
Involuntarily admitted patients (certified) under the BC Mental Health Act (Coastal)	RPN or RN	
Involuntarily admitted patients (certified) under the BC Mental Health Act (VA)	As per unit specific practices after point of care risk assessment completed.	
Involuntarily admitted patients (certified) under the BC Mental Health ACT(Richmond)	RPN or RN AND Security	
Elopement Risk and NOT involuntary admitted under BC Mental Health Act	Patient Care Aid	
Threat to self or others (ex: patients with an increased risk of self-harm behaviour)	LPN or RPN or RN	Consider other additional appropriate personal for transport (e.g. Security)
Pediatric patients upon transfer to ward who are less than 3 years old and/or concerns with airway, breathing, or circulation (LGH only)	RN	Physician must have completed assessment prior to transfer
Physical Restraints	LPN or RPN or RN	
Locked physical Restraints	LPN or RPN or RN AND Security	

When Accompanying Patient to Medical Imaging Area:

- Prior to departing, ensure patient is adequately prepared for test/procedure (e.g. sufficient IV tubing to accommodate anticipated patient movement during scan).
- Medical Radiation Technologists (MRTs) will call a Time Out prior to starting any interventional and MRI procedure or diagnostic test (see related document).
- Time Out requires all accompanying parties to perform a "safety check" to verify correct patient and procedure and ensure equipment and monitoring is in place and functioning.
- For a nurse that accompanies patient due to special precautions, restrictions, or contraindications (e.g. c-spine precautions, EVD, ceiling lift usage, limb flexion) they should communicate such safety considerations to all accompanying parties. If applicable, all clinicians should ensure any tubes or lines have adequate slack during patient's positioning for scan or procedure.
    - A complete ventilator parameter monitor must be performed and documented on the flow sheet. Check and document oxygen saturation, ensure the patient is ventilating properly and, ensure the artificial airway is secure.
- The Medical Radiation Technologist or Sonographer will start the examination or procedure ONLY when all individuals have completed their safety check and the patient's name, date of birth, procedure and site or side has been confirmed.
- Due to the strong magnetic field in MRI, accompanying clinicians for patients receiving MRI exams may be required to complete MRI safety screening and remove metallic personal belongings prior to MRI scanner room. MRI technologists will perform final screening prior to entering the MRI scanner room.
- RT will also be responsible for maintenance and monitoring of the ventilator in all intubated and ventilated patients when accompanying them to the diagnostic imaging area.
- RN will also be responsible for ECG monitoring of patients using MRI-compatible monitoring equipment when accompanying them for MRI procedure.
- Staff in the diagnostic unit will chart all medications they administered and interventions they completed.

Expected Patient Outcomes

Intra-hospital patient transport will be with appropriate clinical oversight and monitoring to ensure patient safety.

Site Specific Practices

When VCH patients are transferred to BCCA with VCH staff, staff may also follow this DST.

Related Documents

Policy:

- PHC, PHSA, and VCH Patient, Client or Resident Identification Policy
- VCH Patient Identification and Time out Medical Imaging Policy

DSTs:

Regional (Applies to all VCH):

- Seizure Management (Adult or Pediatric)
- Chest Tube: Patient Assessment and Interventions
- Chest Tubes and Chest Drainage Systems: Management of Potential Complications
- Tracheostomy and Laryngectomy Care and Management
- Mobile Radiography Request Guidelines

VA:

- Patient Accompaniment Checklist and Guidelines for Use
- D-112: Discharge of the Post Anesthetic Patient – Phase I
- A-072: Acutely Ill Patients in Radiology, Care of
- T 225: Transport of Patients to BC Cancer Agency (BCCA) for Procedures

References

1. Runy, L. N. (2008). Patient Handoffs: The pitfalls and solutions of transferring patients safely from one caregiver to another. Hospitals and Health networks (H&HN) May 2008 issue, retrieved Jan 2010
2. Wallace, P.G.M. (1999). Transport of critically ill patients. British Medical Journal, volume 319, p. 368-37

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