



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

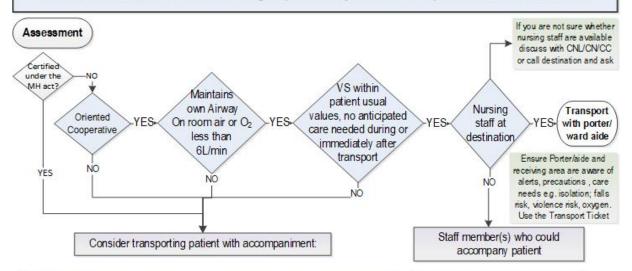
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Guideline

Patient Transport for Diagnostics, Treatment or Intervention Decision Support Tool Transfer Diagnostics (e.g. CT Scan) Refers to transfers within the same site

Discuss with CNL/CNMRP/NP/CC considering the patient acuity, reason for transport and the resources available



EXAMPLES (of circumstances where patient may need accompaniment):

- Suspected or confirmed sepsis, Hot Stroke, hemorrhage, spinal injury/precautions
- Unconscious, or reduced level of consciousness
- Following sedation or anesthetic
- Artificial airway with or without ventilation (tracheostomy, CPAP)
- Jaw wiring/fixation
- Oxygen needs fluctuating or greater than 6L/NP; face mask or 50 % or more FiO₂
- Requiring frequent airway suctioning
- Requiring frequent VS/assessment
- Ventricular Assist Device
- Vasoactive Medications infusing
- Continuous cardiac monitoring (e.g. Class I telemetry)
- Epicardial Pacing
- Communication barrier (e.g. language, aphasia)
- Chest tube: post insertion or if large air leak or drainage volume; requiring suction (See Guidelines)
- Frequent pain management required
- Blood/blood product transfusion (see Guideline)
- Seizure activity in past 24 hours (See Guideline)
- . Limited mobility (ability to transfer), needs lift
- Risk of harm to self/others
- Elopement risk
- Restraints
- Precautions: infection control, violence, falls, dysphagia etc.
- Equipment (e.g. drainage tubes, VAC, Infusion pumps)
- Transfer to different level of care (e.g. Medicine to ICU)

- Porter/Ward Aide
- o RN/RPN/LPN and/or
- Respiratory Therapist and/or
- Physician/NP and/or
- Protection Services (security)

When deciding **who** is the best person to accompany patient consider patient and staff safety as well as scope of practice (assessment, equipment, medications other interventions)

Sending unit to:

- . Prepare & print Transport Ticket with up to date clinical information for porter and other clinicians
- Prepare any medications and equipment required for transport
- Notify family, as needed
- Document in chart &/or using specific communication tools
- Prepare patient, transfer to wheelchair or stretcher, give Transport Ticket to Porter

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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 <u>CST Cerner Help</u> 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 <u>RT Tracheostomy Clinical Practice Guideline</u>
- For Chest tube patients refer to <u>Chest Tube: Patient Assessment and Interventions</u>

Guideline

Assessment and Interventions

See Algorithm page 2

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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. <u>BD-00-07-40011</u> Chest Tubes and Chest Drainage Systems: Patient Assessment and Interventions
- 3. <u>BD-00-07-40015</u> Chest Tubes: Management of Potential Complications
- 4. B-00-13-10019 Oxygen Therapy; Acute Care
- 5. <u>B-00-07-10034</u> Tracheostomy Care, Nursing and Respiratory Therapy
- 6. B-00-12-10065 Blood/Blood Products Administering
- 7. <u>B-00-13-10059</u> 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

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- 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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