

Providence Health Care	Department: Respiratory Services	Date Originated: June 1988 Date Reviewed/Revised: October 2008
PROCEDURE	Topic: <u>Critical Care</u> – In-Hospital Transfer of Mechanically Ventilated Patients (Respiratory Therapy) Number: B-00-12-12007	Related Links: B-00-11-12002

APPLICABLE SITES:

St. Paul's Hospital
Mount Saint Joseph Hospital

GENERAL INFORMATION:

To facilitate the internal transport process, the Respiratory Therapist should receive as much advance notice as possible.

Routine internal transports will not be scheduled during the hours of 1100 – 1300, to allow sufficient time for meal periods.

Emergent internal transports will be accommodated by the Respiratory Therapist regardless of the time period.

St. Paul's Hospital:

In ICU, the planning and scheduling of internal transports will be coordinated at Board Rounds in consultation with the CNL/Charge RN, Physician, and Charge Respiratory Therapist.

In CCU/CSICU this will be done in consultation with the CNL/Charge RN and the Respiratory Therapist responsible for that area, or in their absence by the Charge Respiratory Therapist.

In the Emergency Department all internal transports will be considered emergent and will be attended to as soon as possible.

Mount Saint Joseph Hospital:

Planning and scheduling of internal transports from ICU will be coordinated in consultation with the CNL/Charge RN, and Respiratory Therapist.

In the Emergency Department all internal transports will be considered emergent and will be attended to as soon as possible.

TRANSPORT TEAM:

- Respiratory Therapist
- Registered Nurse assigned to the patient
- Most responsible resident if the patient is deemed unstable by the Team

EQUIPMENT:

- E-size Grab 'n Go oxygen cylinder
- Manual resuscitator with small-bore oxygen tubing and connector
- Flex tube with ventilator adaptor
- Mask
- Oropharyngeal airway
- Syringe
- PEEP valve
- Critical Care Transport Box
- Fully charged LTV ventilator attached to Grab 'n Go oxygen cylinder high-pressure outlet, disposable circuit, and HMEF
- Fully charged external LTV battery

PROCEDURE:

1. Obtain equipment and verify that it is functional.
2. Explain the procedure to the patient.
3. Ensure the patient does not require suctioning and that the artificial airway is secure.
4. Turn on the LTV transport ventilator and oxygen cylinder. Adjust the settings and alarms to match the patient's current ventilator settings.

NOTE: Battery life on the LTV ventilator is affected by many factors, including charging time and status, ventilation parameters, and battery age. The external battery should be utilized first due to its greater charge capacity than the internal LTV battery.

5. Connect the patient to the circuit of the LTV and assess tolerance. Adjust ventilator settings or alarms as necessary.
6. If unable to ventilate the patient effectively using the LTV, proceed with the internal transport using a manual resuscitator.

NOTE: The manual resuscitator must be connected to a dedicated oxygen cylinder separate from the one for the LTV in case of ventilator failure.

7. Monitor and assess the patient frequently during the transport.
8. When transferring the patient between beds or procedure tables, disconnect the patient from the ventilator and manually ventilate them while maintaining the security of the airway at all times. Reconnect the ventilator when the patient is secure in the new position.

9. Transport the patient back to the critical care area when ready, utilizing the same procedure.
10. Upon completion of the transport, dispose of the HMEF and flex tube with ventilator adaptor from the LTV circuit, and replace with a clean one. The LTV circuit may be left on the ventilator and reused for future transports.

NOTE: The circuit must be changed if the patient is under isolation precautions in ICU/CCU/CSICU. The circuit will be changed for ALL patients in the Emergency Department.

11. Recircuit the ventilator if necessary and check for proper function.
12. Ensure that both the external and internal batteries of the LTV transport ventilator are plugged in and actively charging. Change the oxygen cylinder if the pressure is < 1000psi.