POLICY

1. All patients requiring transport within or outside the CDHA are to have a nursing assessment to determine hemodynamic and airway stability within thirty minutes of transport.
   1.1. If at any time the patient is deemed unstable for transport, the transport is to be cancelled and the attending physician notified.

2. All equipment/supplies/staff required for transport is to be determined and arranged in advance.
   2.1. Personnel required for transport is determined and arranged by the bedside nurse in consultation with the staff physician.
   2.2. The paramedic for transport is selected according to the requirements of the patient. For the paramedic Scope of Practice, refer to the Patient Transfer Planning Form (available from Print Shop - # PRIN A624).

3. If the paramedic is providing transport a brief report is to be provided including:
   3.1. pertinent assessment findings
   3.2. overall status of the patient

   Note: Discussion is to occur with the paramedic to determine if assistance is required for the transport

4. The bedside nurse assigned to the patient is to complete the Patient Transport Checklist - For Transport of Critically Ill Patients - Nursing Services (CD0315MR).

5. The Physician/resident is to write a medical transfer note to the receiving service and to ensure this note is on the patient’s health record.
GUIDING PRINCIPLES

The method of transportation for patients is based on a current nursing assessment utilizing the following parameters:

1. **Intrahospital (Within CDHA)**

   1.1. *Transportation Attended By A Porter, Or Patient Care Attendant* (applies to patients in the critical care area awaiting discharge to a non critical care area).
       
       1.1.1. hemodynamically stable
       1.1.2. Stable airway
       1.1.3. IV that does not require titration
       1.1.4. cardiac monitor not required
       1.1.5. Nursing assessment demonstrates no specific concerns with safety, or concerns with patient’s level of understanding

   1.2. *Transportation To a Test or Procedure Attended by Staff RN/Appropriate Paramedic and a Porter/Patient Care Attendant*

       1.2.1. If the nursing assessment identifies concerns, problems with safety, and/or problems with patients level of understanding, the RN or paramedic will remain with patient
       1.2.2. Patient is hemodynamically stable with/without IV medications and/or needs airway monitoring
       1.2.3. Patient requires cardiac monitor
       1.2.4. Staff RN attends if IV infusions require ongoing titration or if medical/nursing staff deem it necessary

   1.3. *Transportation to a Test or Procedure Attended by Staff RN, Respiratory Therapist(RT)/Advanced Care Paramedic(ACP)and Porter/Patient Care Attendant:*

       1.3.1. If patient requires connection to a ventilator, an RT is to be present
       1.3.2. If patient requires bag-valve-mask ventilation, an RT/ACP is to be present.
       1.3.3. Medical/nursing staff deem it necessary based on patient assessment

   1.4. *Transportation Attended By Physician/Resident, Staff RN, RT/ACP*

       1.4.1. Patient requires medical attention such as frequent orders
       1.4.2. Patient is hemodynamically/airway unstable that may require immediate intervention
       1.4.3. Medical/nursing staff deem it necessary based on patient assessment

   1.5. *Air transport of the Critically Ill Patient to the Halifax Infirmary/Other Site of Capital Health:*
1.5.1. If patient is destined for the Infirmary site, air transport staff is present and accountable for the patient
1.5.2. If patient is destined for another site, care of the patient is transferred to the appropriate ground transport crew

2. **Intersite Transfers: Between CDHA Sites:**

2.1. *Transported by QEII Transfer Unit or Non QEII Ambulance service (EHS)*

   2.1.1. Hemodynamically/airway stable
   2.1.2. Maintenance IV infusions do not require titration
   2.1.3. Patient is not a safety risk
   2.1.4. Medications that may be infusing are within the transporting Paramedics Scope of Practice. *(Reference- Patient Transfer, Planning for - EHS.)*

2.2. *Transported by the QEII Transfer Unit or Non QEII ambulance (EHS) attended by Staff RN, RT and/or Appropriate Paramedic:*

   2.2.1. Hemodynamically unstable with/without IV medication and/or needs airway monitoring
   2.2.2. Patient requires cardiac monitoring
   2.2.3. Nursing assessment demonstrates a specific concern with patient safety, and or level of patients understanding.
   2.2.4. **Staff RN must attend if:**
       2.2.4.1. IV infusions require titration
       2.2.4.2. Patient has ongoing invasive monitoring
       2.2.4.3. Medical/Nursing staff deem it necessary
   2.2.5. **RT or Advanced Care Paramedic – P3, must attend if:**
       2.2.5.1. Patient requires mechanical/manual ventilation

2.3. *Transported by the QEII Transfer Unit or Non QEII Ambulance (EHS) attended by Physician/Resident; Staff RN/RT; Appropriate Paramedic*

   2.3.1. Patient requires medical attention and orders
   2.3.2. Patient is hemodynamically unstable/airway unstable and may require medical intervention
   2.3.3. Medical/Nursing staff deem it necessary
   2.3.4. **RT/Advanced Care Paramedic- (P3) must attend if patient requires mechanical/manual ventilation**

3. **Hospital to Hospital Transfers to Facilities Outside the CDHA:**

   3.1. Refer to the CDHA discharge guidelines binder (available on unit)
   3.2. Refer to guidelines for CDHA intrasite transfers (Discharge/Transfer Summary Guidelines CC 03-020)
   3.3. If an RN is required to attend an Intersite transport, it will be that patient’s bedside RN/delegate
3.4. **If mechanical ventilation is required en route an RT is to be present**
3.5. It is recommended that patients do not have a pulmonary artery catheter (PA) during transport
3.6. All necessary equipment required for monitoring and emergency management of the patient is to accompany the patient

**PROCEDURE**

1. For all **Interhospital Transfers**, the bedside RN:
   1.1. Confirms transfer time
   1.2. Books appropriate staff (confirm appropriate level of paramedic)
   1.3. Includes health records, films, medications and patient belongings
   1.4. Assesses patient for hemodynamic/airway stability
   1.5. Ensures all arrangements have been confirmed by the receiving hospital

2. **Return of Hospital Staff:**

   **QEII Sites:**
   
   2.1. Between 0625 –1635 hours: use the QEII shuttle service
   2.2. Between the hours of 0700-2300 call porter services to request that equipment be taken to the transfer stations at the VG and Infirmary Sites to be transferred to the appropriate floor via porter.
   2.3. After 1635 and before 0625, call the QEII patient transfer dispatcher to determine feasibility of travel with equipment.
      2.3.1. If travel with equipment is not possible, obtain taxi chit from the receiving unit.

   **Note:** Equipment may go either with hospital staff in the taxi, or with porter services.

   **Outside CDHA Sites:**
   
   3. If transporting a patient using EHS, the Discharge Planning Nurse makes arrangements for return of hospital staff to the specific CDHA site and issues a taxi chit for return to CHDA.

   4. If transferring a patient by air (non-life flight) within the province verify return transportation with the Provincial Continuing Care Nurse.

   5. If transferring a patient by air (non-life flight) or ground outside the province verify return with the Continuing Care Nurse or provincial liaison.

**RELATED CDHA DOCUMENTS**

Discharge/Transfer Summary Guidelines CC 03-020
Patient Transport Checklist - For Transport of Critically Ill Patients - Nursing Services (CD0315MR)
REFERENCES


HISTORICAL DATES

Integrated – December, 2007 (Replaces QEII Administrative policy Q40-065)