



Prince Sultan Military Medical City

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وزارة الدفاع
MINISTRY OF DEFENSE

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| Departmental Policy | Dept.: Intensive Care Services | Policy No: 1-2-9451-03-013 Version No: 03 |
| Title: Transporting Ventilated Patients at PSMMC | JCI Code: ACC | |
| Supersedes: 1-2-9451-03-013 Version No: 02; 30 September 2019 | Issue Date: 21 June 2023 | Effective Date: 8 June 2023 |
| | Revision Date: 7 June 2025 | Page 1 of 5 |

1. INTRODUCTION

1.1 Prince Sultan Military Medical City is a Tertiary level Hospital, and the patients hospitalized receive both critical as well as non-critical type of care. Intra-hospital transport is performed to the patients for Medical procedures on routine basis. Formatting this policy facilitates the effective communication among healthcare workers and ensures the optimal care of the patient is rendered.

2. PURPOSE

2.1 To standardize the process of safe and efficient transportation of critically ill patients within PSMMC.

3. RESPONSIBILITIES

All sections of this Policy applies to All ICS Staff (i.e. Physicians, Nurses and RCP's).

4. POLICY

- 4.1 All the critically ill patients should be transported on the orders of ICS Physician.
- 4.2 ICS Transport Team Consist of ICS Physician, ICS Nurse and RCP.
- 4.3 If patient can be accompanied by the Primary Team Physician, ICS physician should document it in the patient file.
- 4.4 Intubated and hemodynamically stable patients should be assessed by ICS physician and decide that which physician can accompany the patient.
- 4.5 All intubated patients and hemodynamically unstable (requiring vasopressors to maintain the MAP \geq 60 mmHg) or high sitting on ventilator should be accompanied by the ICS Transporting team.
- 4.6 All non-intubated patients and hemodynamically unstable (requiring vasopressors to maintain the MAP \geq 60 mmHg) or high sitting non- invasive ventilator should be accompanied by the ICS Transporting team.



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- 4.7 If patient is non-ventilated and clinically stable and is going on oxygen delivery device, the patient must be transported by the nurse.
- 4.8 Intubated patients from ICS areas going to OR, will be accompanied by the ICS Transporting team.
- 4.9 Intubated patients coming to ICS from OR should be accompanied by the Anesthetist, ICS Nurse and RCP.
- 4.10 Intubated patients coming from OR should be transported on a transport ventilator.
- 4.11 All critically sick patients who need to be transported on a transport ventilator within PSMMC:
- 4.11.1 Must have a minimum of three staff accompanying the patient, i.e. one physician, one nurse and one RCP.
- 4.11.2 Must receive continuous physiological monitoring and support during transport as in the area managing the patient.
- 4.11.3 Transporting patients who are extremely difficult to intubate must be accompanied by senior RCP, along with the ICS Transporting team, as the patient is considered near code.

5. **DEFINITIONS OF TERMS** (Please find list of more Definitions at Appendix I)

- 5.1 ED: Emergency Department
- 5.2 ICS: Intensive Care Services
- 5.3 ICU: Intensive Care Unit
- 5.4 OR: Operating Room
- 5.5 RCP: Respiratory Care Practitioner

6. **PROCEDURES**

- 6.1 Assess the patient's stability and appropriateness for transport to CT, MRI, Angiography and OR.
- 6.2 Assess the patient's stability and appropriateness for transport from area to other area.



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- 6.3 Confirm the readiness of the receiving team or area to accept patient immediately.
- 6.4 Connect transport monitor and oxygen saturation monitor to the patient.
- 6.5 Take all necessary emergency equipment's such as portable suction device and appropriate suction catheters or medication box with adequate medication supply.
- 6.6 Prepare portable ventilator if patient will be transported using transport ventilator, full oxygen tank, oxygen delivery device (e.g. Oxygen Mask), functional resuscitation bag with appropriate size mask, tracheal dilator and 2 spare tracheostomy tubes for trachostomized patients (i.e. one of same size and one of smaller size).
- 6.7 Prepare intubation box with all appropriate size and type equipment's.
- 6.8 Set up the settings on the ventilator and perform proper management of the patient's respiratory needs during transport.
- 6.9 Accompany the patient during the transport as indicated per this policy.
- 6.10 Plug in all monitoring equipment's upon arrival, position them continuous visibility for monitoring, and connect all monitors properly.
- 6.11 Assess the patient's condition and vital signs during transport, immediately upon arrival and then at the same frequency of monitoring is continued in the referring area until patient is handed over.
- 6.12 Upon arrival to OR, patient must be received by OR team within 15 minutes from the time of arrival. Should the time exceed beyond 15 (fifteen minutes) Incident Report should be generated.
- 6.13 For patients transported to OR and already intubated from ICU, RCP will hand over patient to Anesthesia team. For return journey RCP will be called again with the team after completion of the procedure to transport the patient back to ICU.
- 6.14 Mechanically ventilated patients those who are transported for certain procedures such as MRI, CT Scan, etc. exception to OR, RCP must stabilize the patient and provide the respiratory care as needed while staying until the procedure is complete and then return with the Team to bring the patient back to ICU.



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- 6.15 Make the necessary medical decisions needed during transportation,
- 6.15.1 If patient deteriorates, (e.g. Patient has Unplanned extubation, hemodynamic instability or even Cardiac arrest, etc.).
- 6.15.2 Call ICU 'Team Leader' immediately for full assessment and management decisions in case of deterioration in the patient clinical status.
- 6.16 Plug in all rechargeable equipment's upon returning back to the ICU and connect all monitors properly.
- 6.17 Ensure proper cleaning and storage of transport ventilator.
- 6.18 Disinfect all re-usable equipment's which were used during the transport according to the infection control guidelines/protocol.
- 6.19 Discard appropriately all non-reusable (or disposable) equipment's or supplies, in accordance with infection control guidelines and protocol.
- 6.20 Patient Transported to OR (Operation Room) or received from OR, RCP is permitted till the receiving area.
- 6.20.1 Going beyond the receiving area would increase the spread of infection.

7. **REFERENCES**

- 7.1 JCI Standards: Access to Care and Continuity of Care (5th Edition).
- 7.2 RRT Policy# 1-2-9451-03-007 and 1-1-8062-03-071.



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8. CONTRIBUTING DEPARTMENT

8.1 Intensive Care Services Department- Respiratory Care Services

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|---|----------------|--------------------|
| Compiled by: • Mrs. Ekhlas Al Hefdhhi Team Leader & Chairman of Respiratory Care Services Policy and Procedure Committee | Signature: | Date: 20-4-2023 |
| • Mrs. Bodour Al Dossari Head of Respiratory Care Services | Signature: | Date: 20/4/2023 |
| Reviewed by: Dr. Muhammad Kashif Malik Consultant & Head, CQI&PS Division, ICS. | Signature: | Date: 20.4.2023 |
| Reviewed by: Dr. Samir Mohammed Bawazir Director, Continuous Quality Improvement & Patient Safety (CQI&PS) | Signature: | Date: 23-4-2023 |
| Authorized by: Brig. Gen. Dr. Adnan Al Ghamdi Director of Intensive Care services (ICS) | Signature: | Date: 9/5/2023 |
| Authorized by: Brig. Gen. Dr. Abdulrahman Al Robayyan Director of Medical Administration | Signature: | Date: 24-4-2023 |
| Authorized by: Brig. Gen. Dr. Rashed Al Otaibi Executive Director for Health Affairs Chairman, Senior Medical Management Team (SMMT) | Signature: | Date: 6/6/2023 |
| Approved by: Maj. Gen. Khalid Abdullah Al Hadaithi General Executive Director of Prince Sultan Military Medical City | Signature: | Date: 8.6.2023 |