


<p><b>Name of Policy:</b> <u>Patient Transfer with and without Cardiac Monitoring</u></p> <p><b>Policy Number:</b> 3364-110-01-06</p> <p><b>Department:</b> Nursing Service</p> <p><b>Approving Officer:</b> AVP Patient Care Services/CNO</p> <p><b>Responsible Agent:</b> AVP Patient Care Services/CNO</p> <p><b>Scope:</b> The University of Toledo Medical Center</p>	
<p><b>Effective Date:</b> 3.15.2021 Initial Effective Date: 8/1991</p>	
<p> <input type="checkbox"/> New policy proposal                      <input type="checkbox"/> Minor/technical revision of existing policy  <input type="checkbox"/> Major revision of existing policy                      <input checked="" type="checkbox"/> Reaffirmation of existing policy </p>	

**(A) Policy Statement**

1. A Registered Nurse (RN) will accompany each Intensive Care Unit (ICU) patient who travels to and from the unit for a test or a procedure. Orders for sedation for agitated patients must be written prior to transport.
2. Respiratory therapists will accompany all ventilated patients.

**(B) Purpose of Policy**

To delineate equipment and staff for patients to or from tests or procedures and to assure continuity of patient care, safety and to communicate transfers to all involved departments.

**(C) Procedure**

1. When transferring a patient to a critical care area:
  - a. The transferring unit should adhere to the following:
    - 1) The transfer must be authorized by a written medical order. A new set of physician orders must be written. The critical care area will process the orders unless there is a “stat”. In transfers from one critical care unit to another the initial contact is made between physicians to obtain approval. A complete set of new orders is not always necessary when the patient is going from one critical care unit to another critical care unit unless clarification is needed.
    - 2) Contact the Bed Control to arrange for transfer by entering “intent to transfer” into the Care Manager System.
    - 3) Send the patient’s medical record, name card, chart overflows, medications from the patient specific bin in the Acu-Dose-Rx, and IVs to the critical care area.
    - 4) The RN on the transferring unit must communicate details of the patient’s condition to the RN on the receiving unit by phone including tests completed and outstanding. Patients being transported will receive physiologic monitoring appropriate for their hemodynamic status during transport.
    - 5) Patients who are receiving cardiac monitoring must be accompanied to all tests and procedures by a RN who is able to interpret cardiac rhythms. If the patient can be transported without a monitor or RN, this must be indicated specifically by a physician’s written order.
    - 6) On any unstable patient, the RN will request a physician to accompany the RN and patient at the time of transport.
  - b. The critical care area receiving the transferred patient should adhere to the following:
    - 1) Process any physician orders.
    - 2) Change bed number and MD name on the admissions plate, chart, and overflow chart.

- 3) File any chart overflow.
- 5) Document transfer received and status of patient in Electronic Medical Record (EMR).

2. When transferring a patient from a critical care area to a medical/surgical area:

a. The transferring unit should adhere to the following:

- 1) A written medical order and a new set of physician orders must authorize this transfer. The medical/surgical area will process the new order unless there is a "stat". If, however, the receiving unit will not have a bed available that day, the transfer orders will be processed as usual by the sending unit. When a bed becomes available, the transfer will follow the steps outlined from Medical/Surgical area to another Medical/Surgical area.
- 2) Contact Bed Control to arrange transfer through Care Manager by entering "intent to transfer". Re-enter "intent to transfer" daily as needed for patients who do not obtain a bed.
- 3) Send patient's medical record, admission plate, and overflow chart.
- 4) Collect patient's personal belongings and send with patient, documenting in HED.
- 5) Place the patient's medications in a bag and attach it to the front of the chart. Be sure to send medications from the patient specific bin of the Acu-Dose-Rx and any IV medications.
- 6) Enter the patient room and bed number into the bed tracking system via the patient phone before leaving the room with the patient. This action automatically notifies Environmental Services that the room is ready to be cleaned.
- 7) The RN on the transferring unit must communicate details of patient's condition to the RN on the receiving unit and document such in the medical record. A RN may accompany the patient as medically necessary.
- 8) Enter the transfer as "transfer completed" in the Care Manager System.
- 9) Notify family or significant other of transfer.

b. The medical/surgical area receiving the transferred patient should adhere to the following:

- 1) Process any medical orders.
- 2) Inform the Admitting Department if there is a change in room and/or bed number.
- 3) Change bed number and physician name on admission plate.
- 4) File any chart overflows.
- 5) Record transfer received and status of patient in EMR.
- 6) Review Care Manager System for any outstanding orders to be done and cancel if necessary.

3. When transferring a patient from one medical/surgical area to another:

a. The transferring unit should adhere to the following:

- 1) Contact the Bed Control to arrange transfer by entering "intent to transfer" into the Care Manager System.
- 2) Notify the patient's physician of the transfer.
- 3) Send patient's medical record, admission plate, any chart overflows, medications from the patient specific bin in the AcuDose.

- 4) Collect ALL of patient's belongings and send with patient, documenting disposition of these belongings in EMR.
  - 5) The RN on the transferring unit must communicate details of the patient's condition to RN on the receiving unit by phone and document in the medical record.
  - 6) Enter the patient room and bed number into the Bedtracking system via the patient phone before leaving room with patient. This action automatically notifies Environmental Services the room is ready to be cleaned.
  - 7) Enter the transfer as "transfer completed" in the Care Manager System.
  - 8) Notify family or significant other of transfer.
- b. The medical/surgical unit receiving the transferred patient should adhere to the following:
- 1) Change room, bed number and physician name on admission plate.
  - 2) File any chart overflows.
  - 3) Record transfer received and patient's status in EMR.
4. When transferring a patient within a unit to another room and/or bed, the unit should adhere to the following:
- a. Enter "intent to transfer" into the Care Manager System.
  - b. Change room or bed number, physician name, admission plate, and medical record.
  - c. Chart transfer in the medical record.
  - d. Enter the patient room and bed number into the bedtracking system via the patient phone before leaving room with patient. This action automatically notifies Environmental Services that the room is ready to be cleaned.
5. Transfer of services guidelines are to be adhered to as follows:
- a. Enter service transfer into Care Manager System.
  - b. Change color code on patient's medical record.
  - c. Obtain a new admission plate from Admitting and label it appropriately.
6. When transferring a patient to the OR suite:
- a. The ICU should adhere to the following:
    - 1) The transfer of an ICU patient to OR will be arranged between the Anesthesia care team member and the ICU RN at least 15 minutes prior to transfer. Report will be given with the transfer of patient care between RN/Anesthesia Care Team Member. Patients will go directly back to the OR with oxygen and necessary monitoring and supportive equipment.
    - 2) If ICU patient is step-down or floor status, the patient will not need to be accompanied by a RN or Anesthesia care team member. The ICU will communicate this lower level of care status to the holding area staff at ext. 5030. Once this is communicated to the pre-operative holding area, the patient may be taken to the department by OR transport.
  - b. Holding area receiving the transferred patient should adhere to the following:

- 1) Routine check of patient's medical record.
7. Transferring ICU patients from the OR to an ICU:
- a. A report will be called 30 minutes prior to transfer of the patient to the receiving ICU's RN.
  - b. All ICU status patients will be accompanied by an RN or member of the anesthesia care team with oxygen/monitor.
  - c. If a change occurs regarding immediate post operative placement, the ICU must be notified as soon as possible by phone with a report given to the new receiving unit.
8. All incidents/occurrences that require non-emergent patient transport via the tunnel to/from Kobacker, Senior Behavioral Health, Dana Cancer Center to/from the hospital the patient will be accompanied by a licensed person and one other person (i.e. hospital transport, nursing assistant, house supervisor or campus police).

<b>Approved by:</b>  _____ /s/ Monecca Smith, MSN, RN AVP Patient Care Services/Chief Nursing Officer  <i>Review: Policy &amp; Standard Committee, 2/11, 4/14, 3/18, 3/21</i> <i>Revision Completed By: Nancy Gauger, MSN, RN</i>	<b>Review/Revision Date:</b> 1982 1990 8/2003 3/21 1983 1992 3/2006 1984 2/1993 10/29/2009 1985 1997 6/17/2010 1986 1999 3/2/2011 1987 3/2001 4.25.14 1988 7/2002 1.29.15 1989 3/2003 3.15.18
<b>Policies Superseded by This Policy:</b>	