


Name of Policy: <u>Management of UTMC Inpatients Requiring Radiation Therapy at The Eleanor N. Dana Cancer Center</u> Policy Number: 3364-100-01-20 Department: Hospital Administration Approving Officer: Chief Executive Officer – UTMC Chief of Staff Responsible Agent: Department Chair, Radiation Oncology Scope: The University of Toledo Medical Center	 Effective Date: Initial Effective Date: 11/1/2013
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

University of Toledo Medical Center (“UTMC”) inpatients requiring radiation therapy at The Eleanor N. Dana Cancer Center (“DCC”) will be carefully selected and provided the same level of care during their transfer and treatment that they are provided during their inpatient stay.

(B) Purpose of Policy

1. To define the patient populations which are medically-appropriate for transfer to the DCC.
2. To define the process for safely and efficiently transferring inpatients to and from the DCC for radiation therapy by consistently providing the necessary staff support, equipment and supplies to manage the patient appropriately, irrespective of patient acuity or severity of illness.

(C) Patient Populations Appropriate for Transfer to the DCC

1. Eligible patients include those with the following diagnoses/conditions ~~include but not limited to:~~
 - a) Spinal cord compression,
 - b) Mediastinal/pulmonary mass causing superior vena cava obstruction or ~~any central or proximal~~ airway obstruction/compression,
 - c) Intracranial metastases (requiring urgent whole brain radiation), and
 - d) High volume cervical/uterine bleeding attributable to a ~~gynecologic~~ malignancy (requiring transfusion and unable to be controlled via other appropriate means.
2. Patients being considered for transfer to the DCC for radiation planning/treatment must be first evaluated by Radiation Oncology faculty.
3. Final determination regarding eligibility for transfer to the DCC for radiation services is at the discretion of the consulting radiation oncologist.

(D) Procedure ~~for ICU level of care patients~~

1. Notify Outcome Management or Staff nurse taking care of the patient of the need to schedule EMS facilitated transportation or internal transportation services to and from the DCC.
2. Select and assign a UTMC Attending Pulmonologist/~~pulmonary fellow– or Pulmonary Fellow~~ to accompany and lead the transfer of ~~any the patient with an airway obstruction, on pressors or unstable. The presence of a secure airway will be evaluated and established in coordination with anesthesiology if needed prior to transport. —.~~
3. Select and assign a ACLS/CLS trained critical care nurse to accompany and care for the patient during the transport and treatment.
4. Select and assign a licensed respiratory therapist to accompany and manage the airway and respiratory needs of the patient during the transport, ~~if the patient is on the ventilator, or if the patient is on 4 liters of O2 or more.~~

5. Transfer an adult resuscitation (Code) cart from the UTMC department of respiratory therapy to the radiation therapy suite at the DCC *prior* to the patient transport.
6. The RN is responsible for ensuring that a portable cardiac monitor with defibrillation and cardiac pacing functionality is present throughout the transport and treatment period and used as directed by the physician.
7. The respiratory therapist is responsible for insuring that supplemental oxygen and the necessary oxygen delivery modalities are readily available at all times during the transport and treatment.
8. Upon arrival of the EMS transportation team, all team members identified above will accompany the patient throughout the transport to the DCC, during the treatment period and back to UTMC following the treatment.

~~10. In the event of a cardiopulmonary arrest during transport to or from the DCC, staff are directed to immediately return to the UTMC Emergency Department while concurrently initiating Advanced Cardiac Life Support.~~

~~11. In the event of a cardiopulmonary arrest during treatment at the DCC, medical staff are directed to immediately call campus police at 2600-911 for support while concurrently initiating Advanced Cardiac Life Support.~~

~~(E). Procedure for non-ICU patients~~

~~1. Radiation Oncologist will let the nurses and therapists know if the inpatient will need radiation during their inpatient stay~~

~~2. Radiation Oncologist will communicate with patient and primary admitting service about the radiation treatments to be delivered during their stay. The primary admitting service will coordinate consultations with appropriate subspecialties as needed to assure safe transport.~~

~~3. Radiation Nurse will communicate with the floor nurse caring for the patient and assess their status for transportation, either tunnel or Ambulance.~~

~~4. Radiation staff will arrange transportation by entering in the transport through EPIC (if capable of tunnel transport)~~

~~5. Radiation staff will arrange transport with floor nurse/social worker/outcome mgt if ambulette transport is necessary~~

~~6. Upon arrival of the EMS transportation team, all team members identified below will accompany the patient throughout the transport to the DCC, during the treatment period and back to UTMC following the treatment.~~

~~7. Hospital Nursing staff will be required to remain with patient during transport if patient has are on Telemetry. The patient will be transported with a portable monitor to the Dana Cancer center, nursing staff will remain with patient here at Dana until treatment is complete and will return with patient and transport to the floor. As needed based on the patient condition, the primary service may be required to accompany the patient throughout the treatment.~~

~~8. In the event of a cardiopulmonary arrest during transport to or from the DCC, staff are directed to immediately return to the UTMC Emergency Department while concurrently initiating BLS~~

~~9. In the event of a cardiopulmonary arrest during treatment at the DCC, medical staff are directed to immediately call 911 for support while concurrently initiating BLS.~~

Documentation of the care of the patient during transport and treatment is to be manually written and scanned into the patient's medical record upon return to UTMC.

10. In the event of a cardiopulmonary arrest during transport to or from the DCC, staff are directed to immediately return to the UTMC Emergency Department while concurrently initiating Advanced Cardiac Life support.

11. In the event of a cardiopulmonary arrest during treatment at the DCC, medical staff are directed to immediately call campus police at 2600 for support while concurrently initiating Advanced Cardiac Life support.

Approved by:		Review/Revision Date: 11/1/2013 11/1/2016 04/01/2020 05/01/2021 <hr/>
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Chief Executive Officer - UTMC	Date	
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Chief of Staff	Date	
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Clinical Service Chief, Radiation Oncology	Date	
<i>Review/Revision Completed By:</i> Nursing Administration Radiation Oncology		Next Review Date:
Policies Superseded by This Policy: 3364-134-118		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.