

NURSING SERVICE GUIDELINES GENERAL

Guideline: Patient transfer with and without cardiac monitoring



Policy Number Superseded: 3364-110-01-06

Responsibility: Registered nurse

Effective Date:
February 24, 2026

Purpose of Guidelines: 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.

Initial Effective Date:
February 24, 2026

Procedure:

- (A) 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.
- (B) Respiratory therapists will accompany all ventilated or non-invasively ventilated patients.
- (C) When transferring a patient to a critical care area:
 - (1) The transferring unit should adhere to the following:
 - (a) 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.
 - (b) Contact the Bed Control to arrange for transfer by entering "intent to transfer" into the electronic medical record (EMR).

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- (c) Send the patient's chart, name card, chart overflows, medications from the patient specific bin in the automated dispensing cabinet, and IVs to the critical care area.
 - (d) The RN on the transferring unit must communicate details of the patient's condition to the RN on the receiving unit. Patients being transported will receive appropriate monitoring for their hemodynamic status during transport.
 - (e) Patients who are receiving cardiac monitoring must be accompanied to all tests and procedures by an RN who is able to interpret cardiac rhythms.
 - (f) On any unstable patient, the RN will request a physician to accompany the RN and patient at the time of transport.
- (2) The critical care area receiving the transferred patient should adhere to the following:
- (a) Process any physician orders.
 - (b) Change bed number and MD name on the admissions plate, chart, and overflow chart.
 - (c) File any chart overflow.
 - (d) Document transfer received and status of patient in EMR.
- (D) When transferring a patient from a critical care area to a medical/surgical area:
- (1) The transferring unit should adhere to the following:
- (a) 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.
 - (b) Contact Bed Control to arrange transfer through EMR.
 - (c) Send patient's chart and admission plate.
 - (d) Collect patient's personal belongings, send with patient, document in EMR.

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- (e) 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 automated dispensing cabinet and any IV medications.
 - (f) 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. An RN may accompany the patient as medically necessary.
 - (g) Notify family or significant other of transfer.
- (2) The medical/surgical area receiving the transferred patient should adhere to the following:
- (a) Process any medical orders.
 - (b) Inform the bed flow house supervisor if there is a change in room and/or bed number.
 - (c) File any chart overflows.
 - (d) Record transfer received and status of patient in EMR.
 - (e) Review EMR for any outstanding orders yet to be completed and cancel if necessary.
- (E) When transferring a patient from one medical/surgical area to another:
- (1) The transferring unit should adhere to the following:
- (a) Contact the bed flow house supervisor to arrange.
 - (b) Notify the patient's physician of the transfer.
 - (c) Send patient's medical record, admission plate, any chart overflows, medications from the patient specific bin in the automated dispensing cabinet.
 - (d) Collect ALL of patient's belongings and send with patient, documenting disposition of these belongings in EMR.
 - (e) 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.
 - (f) Notify family or significant other of transfer.

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- (2) The medical/surgical unit receiving the transferred patient should adhere to the following:
 - (a) Change room, bed number and physician name on admission plate.
 - (b) File any chart overflows.
 - (c) Record transfer received and patient's status in EMR.

- (F) When transferring a patient within a unit to another room and/or bed, the unit should adhere to the following:
 - (1) Call the bed flow house supervisor to discuss the change of bed.
 - (2) Make any changes to the patient's hard chart.
 - (3) Chart transfer in the medical record.

- (G) Transfer of services guidelines are to be adhered to as follows:
 - (1) Bed flow house supervisor must be made aware of all patient room changes.

- (H) When transferring a patient to the OR suite:
 - (1) The ICU should adhere to the following:
 - (a) 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.
 - (b) If ICU patient is step-down or med-surg 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.
 - (2) Holding area receiving the transferred patient should adhere to the following:
 - (a) Routine check of patient's medical record.

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- (I) Transferring ICU patients from the OR to an ICU:
 - (1) A report will be called 30 minutes prior to transfer of the patient to the receiving ICU's RN.
 - (2) All ICU status patients will be accompanied by an RN or member of the anesthesia care team with oxygen/monitor.
 - (3) 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.

- (J) All incidents/occurrences that require non-emergent patient transport via the tunnel to/from the Kobacker Center or Dana Cancer Center to/from the hospital, require that the patient be accompanied by a licensed person and one other person (i.e. hospital transport, nursing assistant, house supervisor or campus police).

Approved by:

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Chief Nursing Officer

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Review/Revision Date:

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Review/Revision Completed by:

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Next review date:

February 24, 2029