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Orlando, Florida 32806  
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Type of Policy: **PATIENT CARE**

Category: **PROVISION OF CARE, TREATMENT AND SERVICES (PC)**

Title: ***Transportation of Patients: Internal and External***

Policy #: **2925**

Replaces #: 7031, 2082, 2585, 4718-0803, 4718-0896, 4718-0897

Page: 1 of 5

Developed By: Patient Care

Issue Date: **10/96**

Approved By: Patient Care Executive

Revision Dates: 4/14, 4/15, 7/18, 10/21, 8/24

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**I. PURPOSE:**

This policy outlines the process for the safe transportation of patients, both internally and externally.

**II. DEFINITIONS:**

When used in this policy these terms have the following meanings:

- A. Internal Transports: Transports occurring within a facility.
- B. External Transports:
  - 1. Transports from an Orlando Health facility to a non-Orlando Health facility.
  - 2. Transports between Orlando Health facilities.

**III. POLICY:**

It is the policy of Orlando Health that:

- A. Patient transfers shall occur upon physician order with due care for the patient's acuity, diagnosis, age, destination, and travel time.
- B. The level of support the acute care and critical care patient receives in the unit and during transport shall be equivalent when the patient is going to the same level of care.
- C. All patients must be transported with the appropriate personnel (e. g., Critical Care RN with critical care patients or RN with patients going to higher levels of care, etc.).
- D. All medical orders shall remain active during the patient transport including Do Not Resuscitate (DNR) orders.
- E. Transmission-based isolation precautions shall be communicated to the receiving area, nursing unit or facility, and followed as appropriate during transport. (Attachment B, Transporting Isolation Patients).
- F. STAT calls are for emergent/life threatening transports only and require the approval of the Charge Nurse or Administrative Supervisor (AS), (Attachment A).
- G. The original Baker Act Form(s) shall accompany the patient for all psychiatric admissions if the psychiatric patient is a Baker Act patient.
- H. All patients must have an identification band in place to be transported. Appropriate alert bands must also be in place.
- I. Additionally, for External Transports:
  - 1. A contracted ambulance service shall transport patients between Orlando Health and non-Orlando Health facilities.
  - 2. Critical Care patients moving to equal or higher level of care will be evaluated by the attending physician immediately prior to transport to assess the need for additional equipment, staff support, and mode of transport. The attending physician shall:
    - a. Provide a face-to-face report to the contracted critical care transport team.
    - b. Notify the patient and/or family.
    - c. Enter admitting orders and do the History and Physical when appropriate.
  - 3. Collaboration shall occur between the contracted ambulance service and Orlando Health practitioners (e.g., physician, registered nurse (RN), respiratory therapist (RT)) on those high acuity

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and ventilator patient transports to verify the care and equipment required by the patient during the transport.

- J. When a patient is received with a non-facility specific Orlando Health medication infusion device in use (e.g., an Alaris infusion pump), the device shall be replaced with a facility-specific Orlando Health device, removed from use, tagged, and sent to Biomed. Patient-owned devices and devices for which Orlando Health cannot provide an equivalent device will be addressed per Orlando Health Policy.

#### **IV. PROCEDURE:**

##### **A. Emergent Transfers:**

1. When an emergent transfer is requested from one facility to another, always refer or transfer the phone call to the Transfer Center (1-800-895-4614 or 407-649-6838).
2. If an attending physician agrees to accept the patient, the transfer center will notify the Administrative Supervisor (AS) of the need for a bed based on patient acuity and physician request. Once a bed is released, the AS will notify the transfer center who in turn will notify the referring facility of the bed number.

##### **B. Internal Transports:**

1. The receiving area will be notified prior to the transport of any patient. Careful coordination with the patient's destination must be performed to prevent delays and prolonged transport times.
2. Hand off will occur using the Ticket to Ride form (as applicable) and Situation, Background, Assessment, Recommendation (SBAR) format with the opportunity to ask and respond to questions during each step of the transfer process, (e.g., sending unit to receiving unit, sending unit to transport team, transport team to receiving unit).
3. The hard copy of the medical record will accompany the patient in a secure manner.
4. All patients on telemetry will be continuously monitored during transport. Patients will be remotely monitored during transport if clinically stable and remote monitoring is available in the facility.
5. An RN/cardiovascular technologist with ACLS or PALS and basic ECG competencies will transport patients with the following:
  - a. vasoactive drip for cardiac and/or hemodynamic purposes
  - b. anti-arrhythmia drip
  - c. temporary pacemaker
  - d. significant ECG changes within 12 hours
  - e. active chest pain or chest pain within the last six hours (Excluding low-risk chest pain patients)
  - f. invasive cardiac procedure(s) performed within the past 12 hours, except for post-catheterization procedures or electrophysiology studies requiring no further intervention.
6. An RN will also transport when the patient:
  - a. Requires greater than 5L/min nasal cannula OR >40% oxygen
  - b. Has a blood transfusion in progress
  - c. Has a tracheostomy less than 10 days old
  - d. Is transferring to a higher level of care

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7. In the Emergency Department (ED) the Paramedic can transport patients in lieu of a RN, except when the following criteria is met:
  - a. On a vasoactive drip
  - b. Hemodynamically unstable
8. Additional requirements for transport of the critically ill, mechanically ventilated patient:
  - a. All critical care patients, unstable patients, and patients being transported to a higher level of care or to a diagnostic area will be accompanied by a RN with ACLS/PALS certification; if on positive pressure therapy (e.g., ventilator, CPAP, BiPAP); an RT will accompany the patient also. (Exception: Paramedics in the OH Bayfront Emergency Department may transport with an RT).
  - b. The accompaniment of an appropriate physician will be considered based on the patient's severity of illness.
  - c. Patients with a head injury will be transported with their head maintained at the same degree of elevation as in the Intensive Care Unit (ICU).
  - d. Any patient whose clinical condition requires maintenance of specified levels of support. (e.g., positive-end expiratory pressure (PEEP) >15cmH<sub>2</sub>O or inverse ratio ventilation) to maintain stable oxygenation and ventilation (e.g., head injured or acute lung injury patient):
    - 1) Will be transported on their ICU ventilator when possible.
    - 2) Critical care compatible transport ventilators will be utilized when it is not possible to transport the patient on their ICU ventilator.
    - 3) If a transport ventilator is used, a trial on the transport ventilator will be given to confirm compatibility with the patient. The physician will be notified for further orders if the trial is unsuccessful.
  - e. Patients with stable oxygenation and ventilation can be transported using a manual resuscitation bag and then reattached to the mechanical ventilator at their destination. Care must be taken to maintain the same minute volume which was determined to optimize arterial carbon dioxide.
  - f. Appropriate monitoring, resuscitation equipment, and medications will be procured based upon anticipated need and duration of the transport.
9. All patients receiving oxygen therapy will be maintained on the prescribed FiO<sub>2</sub> or liter flow during transport.
10. RT will be notified in any of the following cases:
  - a. The physician/physician's designee and/or RN determine that RT assessment is necessary.
  - b. The patient is maintained on positive pressure therapy (e.g., CPAP, BiPAP).
11. Patients receiving intra-aortic balloon pump (IABP) therapy will be transported by a critical care RT, in addition to a RN.
12. All patients with an external ventricular drain will be transported with a RN.
13. RT will transport pediatric patients with any of the following therapies and/or conditions utilizing the appropriate equipment to establish and/or maintain a patent airway:

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- a. Ventilated patients and patients on oxygen therapy greater than or equal to 0.40 FiO<sub>2</sub>.
  - b. An artificial endotracheal airway.
  - c. A tracheostomy airway.
  - d. An acute altered mental status.
  - e. Apnea episodes and/or airway obstruction.
  - f. Progressive respiratory distress.
- C. External Transports including discharged patients and those patients transported for a specific diagnostic test or procedure (e.g., eye exam, hyperbaric treatment):
1. Neonatal and Pediatric ICU provides and/or coordinates transportation for their patients.
  2. Air Care Team provides rapid air medical transport for pre-hospital patients (scene calls), Orlando Health and non-Orlando Health patients as requested by Emergency Medical Services (EMS), a facility, or a physician.
  3. Orlando Health Critical Care ground team provides and/or coordinates transportation for Orlando Health and non-Orlando Health patients as requested by the Emergency Transfer Center.
  3. Patients receiving intra-aortic balloon pump (IABP) therapy will be transported by the Air Care Team. If Air Care Team is grounded for an extended period of time (determined by physician) and the patient must be transferred without delay, an ORMC RT may be requested to accompany the patient if the Air Care Team is unable to assist in the ground transport.
  4. All patients with an external ventricular drain will be transported by a RN.
  5. If blood or blood products have been previously ordered for transfusion or a type and screen done and the patient transfer is to an Orlando Health facility:
    - a. Notify the blood bank when the patient will be transferred, and it will be necessary for the blood/blood products and/or patient specimens be sent to the receiving facility's blood bank.
    - b. Complete the patient transfer in the clinical computer system as soon as the patient leaves for the receiving facility.
    - c. Blood/blood products including specimens received for type and screen/crossmatch will be transported to the receiving site's blood bank by the transferring site's blood bank.
  6. When the patient requires mechanical ventilation including NPPV notify the Respiratory Care Supervisor immediately (i.e., prior to calling the contracted ambulance service for transport and report to the receiving area).
- D. Medical Record:
1. Medical records for OH inpatients will be maintained in Epic.
  2. If the patient is discharged to a non-OH facility, the facility may request discharged medical records from the OH Release of Information department by emailing a record request to [medicalrecords@Orlandohealth.com](mailto:medicalrecords@Orlandohealth.com).
  3. The non-OH copy of the medical records will accompany the patient if available.
- E. Medication infusion devices:



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1. When a patient is received with an infusion device (e.g., an Alaris pump) from another facility, remove the pump, label "Do Not Use," notify Biomed, and replace it with a facility- specific Orlando Health device.
2. If the infusion device is patient-owned or if Orlando Health cannot provide an equivalent device, Orlando Health Policy will be followed to identify alternatives or to ensure the ongoing safe use of the device during the patient's hospitalization.

**V. DOCUMENTATION:**

- A. As appropriate in the comprehensive health record.
- B. The type of isolation is to be entered into the computerized clinical information system (CIS) in the isolation field when completing the requisition.

**VI. REFERENCES:**

- A. Fla. Admin. Code R. 64E-2.
- B. Fla. Stat. §395.1041.
- C. Orlando Health form #4770-47873, *Physician Certification of Medical Necessity for Ambulance Transportation.*
- D. Patient Care Policy and Procedure #0273, *Hand Off Communication.*
- E. Patient Care Policy and Procedure #2875, *Transfer of Patients from Other Facilities.*
- F. Patient Care Policy and Procedure #2900, *Transfer of Patients to Another Acute Care Facility.*
- G. Patient Care Policy and Procedure #3060, *Cardiac Monitoring / Telemetry.*
- H. Patient Care Policy and Procedure #3525, *Ventilator Use: Non-Intensive Care Areas.*
- I. Patient Care Policy and Procedure #6110, *Transmission Based Isolation Precautions*
- J. Patient Care Policy and Procedure #5155, *Non-Orlando Health Owned Medication Infusion Devices (Excluding Continuous SQ Insulin and Use of Patient Owned CADD Pumps for Management of Pulmonary Hypertension)*
- K. Patient Care Policy and Procedure #5104, *Prostacyclins for Pulmonary Hypertension for Adults: ORMC*
- L. Patient Care Policy and Procedure #5107, *Insulin, Patient-Owned Pump for Continuous Subcutaneous Insulin Infusion (CSII)*
- M. The Joint Commission. (2024). *Hospital accreditation standards: Standard PC.02.02.01.* Oakbrook Terrace, IL: Joint Commission Resources
- N. Warren, J., Fromm, R., Rotello, L., & Horst, H. (2004). Guidelines for the inter-and intrahospital transport of critically ill patients. *Critical Care Medicine*, 32(1).

**VII. ATTACHMENTS:**

- A. Emergency Transport Process, one page.
- B. Transporting Isolation Patients, one page.

**Attachment A- Emergency Transport Process**

“EMERGENCY TRANSPORT” (An emergency situation) will be initiated with the approval of an Administrative Supervisor or Unit Charge Nurse after determining if a patient’s medical condition shall benefit from an immediate transfer for services not available at the sending facility. Further, the risk of a non-emergent unscheduled response can result in death or serious disability of the patient.

Examples: Patient in need of immediate surgical intervention  
Unstable cardiac patient  
Unstable obstetrical patient  
Unstable pediatric patient  
Any other life-threatening condition requiring transfer to the ORMC ED

When a need for an “Emergency Transport” is found necessary by Orlando Health staff, they shall contact the Orlando Health Transfer Center at 1-800-895-4614 or 407-649-6838, stating they have an “Emergency Transport”. The caller should provide the Transfer Center with all requested information to assist in determining proper service line to contact and proper bed placement. The transfer center call taker will also ask how you want the patient transported (by air or ground).

By Air (Helicopter): Once the patient is accepted and a bed number is received, the Transfer Center will arrange for emergency air (helicopter) transport and notify you of their estimated time of arrival (ETA). Report should be called to the accepting unit by the sending RN. (This would include the OH Critical Care Ground Transport Team).

By Ground: Contact the contracted critical care transport team stating there is an “Emergency Transport.” The caller should provide to the call taker the pick-up location, destination, and any necessary special equipment. The contracted team will then immediately dispatch the closest appropriate Advanced Life Support Unit. Once the Unit is responding, the call taker may have more questions related to the booking of the call. Complete form “Physician Certification of Medical Necessity for Ambulance Transport.” The contracted team will have an ambulance on scene as follows:

Within 10 minutes: Winnie Palmer Hospital  
Orlando Regional Medical Center  
Arnold Palmer Hospital

Within 15 minutes\*: Dr. P. Phillips

Within 20 minutes\*: South Seminole Hospital

\*The contracted team will provide an ETA for the Advance Life Support Unit at the time of dispatch to these facilities. If the caller feels the ETA is too long, the contracted team will notify



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***Attachment A- Emergency Transport Process***

the local EMS provider to respond for the patient transfer, (Seminole County FD or Orange County FD).

**Attachment B-Transporting Isolation Patients**

Standard Precautions apply when transporting a patient. If patient contact during transport is anticipated, use two transporters. #1 wears no PPE and is the only one to touch environmental surfaces: #2 wears gloves and provides patient assistance.

Type of precautions	Transport by Wheelchair	Transport by stretcher	Transport by patient's bed
Contact	<p>Wear appropriate PPE while in patient's room.</p> <p>Place clean linen on chair and use clean linen to cover patient.</p> <p>Remove PPE and clean hands prior to transport.</p> <p>Have extra PPE available in case contact with patient is needed during or at end of transport.</p>	<p>Wear appropriate PPE while in patient's room.</p> <p>Place patient on clean sheet and cover with clean linen.</p> <p>Remove PPE and clean hands prior to transport.</p> <p>Have extra PPE available in case contact with patient is needed during or at end of transport.</p>	<p>Wear appropriate PPE while in patient's room.</p> <p>Disinfect headboard, footboard, and side-rail surfaces with disinfectant wipes (use bleach wipes in presence of <i>C. difficile</i>).</p> <p>Cover patient with clean linen.</p> <p>Remove PPE and clean hands prior to transport.</p> <p>Have extra PPE available in case contact with patient is needed during or at end of transport.</p>
Droplet	<p>Wear appropriate PPE while in patient's room.</p> <p>Mask patient with regular surgical type mask that covers the nose and mouth.</p> <p>Remove PPE and clean hands prior to transport.</p>	<p>Wear appropriate PPE while in patient's room.</p> <p>Mask patient with regular surgical type mask that covers the nose and mouth.</p> <p>Remove PPE and clean hands prior to transport.</p>	<p>Wear appropriate PPE while in patient's room.</p> <p>Mask patient with regular surgical type mask that covers the nose and mouth.</p> <p>Remove PPE and clean hands prior to transport.</p>
Airborne	<p>Wear appropriate PPE while in patient's room.</p> <p>Mask patient with regular surgical type mask.</p> <p>Remove PPE and clean hands prior to transport.</p>	<p>Wear appropriate PPE while in patient's room.</p> <p>Mask patient with regular surgical type mask.</p> <p>Remove PPE and clean hands prior to transport.</p>	<p>Wear appropriate PPE while in patient's room.</p> <p>Mask patient with regular surgical type mask.</p> <p>Remove PPE and clean hands prior to transport.</p>
<p>Always clean stretchers and wheelchairs immediately after use, before taking them to another area. Never take dirty empty vehicles through the hospital or on to elevators.</p>			