

UTMB RESPIRATORY CARE SERVICES PROCEDURE - Mechanical Ventilation During Patient Transport	Policy 7.3.38 Page 1 of 2
Mechanical Ventilation During Patient Transport Formulated: 06/88	Effective: 11/01/94 Revised: 6/26/19 Reviewed: 08/15/23

Mechanical Ventilation during Patient Transport

Purpose To continue the same standard of care during patient transports by simulating ventilation as closely as possible to the ventilation they are receiving.

Policy It is the policy of the Respiratory Care Department to provide adequate ventilation and oxygenation for all mechanically ventilated patients during transport.

- Audience**
- The Respiratory Therapists is responsible for assisting with the transport of ventilated patients from their units.
 - All intubated patients will be transported using a transport ventilator unless specified by provider to use manual resuscitator.

Procedure

Step	Action
1	Prepare all necessary equipment and supplies for transport and check for proper function. <ul style="list-style-type: none"> • Transport ventilator with circuit (FiO2 calibration and extended self test completed) • Oxygen tank • Manual resuscitator and appropriate size mask. (PEEP attachment, if necessary) • CO2 monitoring device
2	Assess patient for tube security and possible need of suctioning.
3	Transports utilizing the Transport Ventilator: Disconnect the patient from mechanical ventilator and place on transport ventilator. Put the other vent on stand-by. <ul style="list-style-type: none"> • Place the patient on the transport ventilator for at least 10 minutes prior to transport to assess patient tolerance and stability for travel. • All mechanical ventilator transports must include an oxygen cylinder and a manual resuscitator with appropriate sized mask (PEEP valve if necessary). • If patient is requiring a PEEP > 10 cmH2O, a physician must be present to transport with RT and RN.

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	<ul style="list-style-type: none"> • ETCO2 verification device.
4	Transports utilizing the Manual Resuscitator: Attach manual resuscitator to the artificial airway and manually ventilate with oxygen, simulating rate and depth of breaths as close as possible to what the patient has been receiving from the ventilator. Observe patient for tolerance of the change in mode of ventilation.
5	After determining that the mode of ventilation being used is tolerated without any adverse effects, transport patient to area required.
6	If the Respiratory Therapist is not remaining at the bedside for the procedure then the patient must be placed on a ventilator. The Respiratory Therapist must inform the bedside nurse of their departure and their contact information.
7	Document all pertinent data regarding transport in Epic under Respiratory other section including equipment used, transfer location, and patient tolerance.