

Patient Transportation Guidelines



The following are guidelines for the type of patient that may be appropriate for critical care transport. These are only guidelines and other medical conditions may also constitute an intensive care transport. Ultimately, the decision for transport is the responsibility of the referring physician. However, transport-nursing staff should be knowledgeable of appropriate transfer conditions and play an active role to facilitate continuity of care in an intensive care environment.

CARDIAC

- Cardiac emergencies (ACS)
- Unstable arrhythmias
- Acute MI requiring PCI
- Acute Aneurysm
- Invasive monitoring (Art line, CVP, swan)
- Cardiac medications requiring specialized care
- Ventilated patients
- Intra-Aortic Balloon Pump

OBSTETRICS

- Preterm labor
- PROM
- Incompetent cervix
- Preeclampsia/eclampsia
- Placenta Previa
- Tocolytic administration
- Multiple gestations

BURN

- Degree of burn/Percent of Burn
- Inhalation
- Debridement

OTHERS

- Acute Respiratory Failure
- Renal/metabolic crisis
- Septic shock
- Transplant candidates
- Acute Vascular Occlusion

TRAUMA

- Level 1 trauma care
- Multiple internal injury
- Hemodynamic instability
- GCS decrease
- Cardiac contusions with resulting arrhythmias
- Pelvic fracture, femur fracture, flail chest
- Extensive medication or blood products
- Ventilated mechanically

PEDIATRIC

- Trauma level 1
- Seizure activity
- Overdose
- Congenital heart disease
- Invasive monitoring (CVP, Art line, swan)
- Hemodynamically unstable
- Near drowning
- Respiratory Compromise

NEURO

- Neurological emergencies
- Cerebral bleed
- Acute tumor situations
- Trauma/fracture
- Decreased LOC/GCS
- Acute cerebral infarct
- Aneurysm
- Increased ICP