Transport of Adult Ventilator-Dependent Patient

The purpose of this protocol is to establish a uniform procedure for using mechanical ventilation for the transport of patients who are otherwise stable and do not meet criteria for MICU or Air Medical transport.

Criteria

A. BLS may transport patients on their own ventilator if:
   a. Patient caregiver trained on the ventilator accompanies patient
   b. Waveform capnography if available per MCA selection in **End-Tidal Carbon Dioxide Monitoring-Procedure Protocol**
      i. If waveform capnography not available, capnometry that includes a numerical (quantitative) read out is required.
   c. One of the following conditions:
      i. Scheduled transport (interfacility, facility to home, home to appointment, etc.) OR
      ii. Low acuity 9-1-1 that requires BLS level care.

B. ALS (non-Critical Care, non-Enhanced Paramedic) in which all agency paramedic personnel are trained on and carry ventilators.

Procedure

A. Always keep a bag valve mask resuscitator close by in case of ventilator failure.

B. Patients who are ventilator dependent may be transported on their own ventilator (home ventilator) if desired. Assure the BVM is available for back up use if transporting with a home ventilator. Patient caregiver trained in the use of ventilator should attend during transport if possible.
   1. Verify tube placement with waveform capnography.
   2. Patient lung sounds should be checked and documented. Tube placement must be rechecked via lung sounds and continuous waveform capnography every time the patient is moved, i.e., stretcher to stretcher or in or out of a vehicle. Continuous monitoring with the pulse oximeter will be used on all patients.

C. Patients on agency supplied ventilator:
   1. Newly vented - Ventilatory status should be established via Venous Blood Gas (VBG) in the newly intubated patient and documented when available. Continuous monitoring with the pulse oximeter and capnography will be used on all patients. If pulse oximetry is not attainable due to poor circulation, an ABG may be used to ensure adequate oxygenation. If unavailable, consider MICU or air medical transport.
   2. Ventilator and circuit must be set up according to manufacturer's recommendations.
   3. Patient should be placed on the ventilator approximately 5 minutes prior to departure to ensure the patient tolerates the ventilator. Appropriate adjustments should be made prior to departure.
   4. Assist Control (AC) and Synchronized Intermittent Mandatory Ventilations (SIMV) are acceptable modes of operation. Set Positive End Expiratory Pressure (PEEP)

and Sigh as established by sending facility. PEEP greater than 5 cmH2O should be referred to MICU or Air Medical Services for transport or appropriate hospital staff must accompany the patient.

a. Verify tube placement with waveform capnography prior to placing the patient on the transport ventilator.
b. Patient lung sounds should be checked and documented. Tube placement must be rechecked via lung sounds and continuous waveform capnography every time the patient is moved, i.e., stretcher to stretcher or in or out of a vehicle. Continuous monitoring with the pulse oximeter will be used on all patients.