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| Music City Medical Center Nashville, TN | |
| **Section:** Emergency Department | **Guidance Document:** Transport of the Pediatric Patient |

This document is intended to provide guidelines for safe and effective transport of pediatric patients, and is intended to provide guidance for both inter-facility and intra facility transport.

**Definitions:**

**Intra-facility Transport –** Transport of a patient to departments within the facility for purposes of providing diagnostic testing, surgical procedures, inpatient bedding and other patient needs.

**Inter-facility Transport -** Transport of a patient to a facility outside of the presenting facility for purposes of providing services not available at the presenting facility.

**EMTALA** **–** The Emergency Medical Treatment and Labor Act established in 1986 which, in part, provides guidance for the proper intra-facility transport/transfer of patients for specialized treatment and/or care.

**Policy Statement:**

Pediatric patients are among the most vulnerable both in size and developmental needs. Depending upon age, pediatric patients may require an array of caregivers and equipment to assure safe transport both within the facility and during transfer to any needed higher level of care.

It is the policy of this facility that no patient under the age of 14 will be unaccompanied by facility staff and/or family to an ancillary area within the facility. Whenever possible, pediatric patients of all ages should have a direct caregiver accompany them to an ancillary area. Facility staff will accompany the patient based on patient need. It is appropriate for a patient to be transported by a nurse, respiratory therapist, physician or other staff as deemed necessary according to patient condition. Under no circumstances should an intubated patient be transported without appropriate staff to support the airway.

Pediatric patients will be transported securely via stretcher, bed, crib, wheelchair, stroller with safety belt, or other conveyance as appropriate to the patient’s size, age and condition. Siderails of beds, cribs and stretchers will be up during transport. Under **no circumstance** should a pediatric patient be accompanied by persons claiming to be family who have not been appropriately identified.

It is also the policy of this facility to assure the safe and effective transport of pediatric patients to an outside facility in the event the patient requires services not available at this facility. To assure timely and efficient transfer, this facility has entered into transfer agreements with facilities offering services not available at this facility in order to support the needs of the patient. In order to establish safe and efficient transfer to a tertiary care center, this facility has established the following:

* A defined process for the initiation of transfer, which includes the advance identification of groups or conditions of patients to be considered for transport. The roles and responsibilities for both the referring and referral centers have been identified within this process.
* A selection process for determining the appropriate care facility.
* A process for selecting the appropriately staffed transport service to match the patient’s acuity.
* A process for the patient transfer which includes obtaining informed consent and the necessary patient preparation (securing of airways, venous fluid/blood administration, etc).
* A plan for transfer of patient information (medical record, signed consent), patient belongings, and provision of directions and referral institution information for the family.

**Documentation Elements:**

All intra-facility transports will include documentation elements supporting the need for transport. These elements include (but are not limited to):

* Date and time of departure from ED
* Date and time of return to ED
* Date, time, procedure and patient tolerance of procedure performed at transport destination
* Staff and caregivers accompanying patient to transport destination
* Any specialized equipment used during transport

All inter-facility transports will include documentation elements including (but not limited to):

* Rationale for transport
* Name of accepting physician
* Vital Signs prior to transfer
* Accounting of patient belongings
* Mode of transport
* Evidence of handoff to transfer team/EMS