

This is a GUIDELINE and not a policy, recognizing there may be circumstances that warrant deviation from this process. Deviations should be agreed upon by the attending physician and charge nurse.

PICU Guidelines for In-Hospital Transport of pediatric ICU patients (including CT, MRI) Patient Acuity

1. **CATEGORY 1 (ASA 1-2)** – Non-critical patient. RN & NA (or RT in case of home vent) to accompany patient for any transport. No physician is required

This patient has the following characteristics:

1. STABLE VITAL SIGNS (no instability for at least 6 hours)
2. NO AIRWAY NEEDS OTHER THAN NASAL CANULA OXYGEN
3. STABLE TRACH PATIENT EITHER ON NO RESPIRATORY SUPPORT OR ON HOME VENT SETTINGS (including oxygen, unless on stable oxygen support for at least 6 hours)
4. NO NEED FOR HEMODYNAMIC SUPPORT (e.g.-inotropes or vasopressors, no vital sign instability in last 6 hours as confirmed by attending physician)
5. NO EXTRAORDINARY METABOLIC NEEDS; MAY BE RECEIVING TPN
6. SEIZURES ARE CONTROLLED
7. MAY HAVE A VENTRICULOSTOMY IF WELL SECURED (clarify if okay to be clamped during transport, or does it need to remain open?)
8. FOLLOWING QUESTIONS MUST BE ANSWERED BY PATIENT'S PHYSICIAN (if YES to either question, patient is NOT category 1)
 - a. Will sedation be needed to complete the procedure? Y/N
 - i. One dose of anxiolysis prior to transport is not sedation
 - b. Does patient have increased ICP? Y/N

2. **CATEGORY 2 (ASA 3)**– Complicated stable patient. RN & RT to accompany patient for any transport. ***Physician required; If Fellow/Nurse Practitioner* unavailable a resident CAN accompany the patient with attending approval.*** Physician should remain present for any studies/procedures that are not staffed by an anesthesiologist. If patient requires ventilation, RT or MD must hand ventilate patient during MRI or place patient on MRI ventilator.

This patient has the following characteristics:

1. RESPIRATORY/AIRWAY SUPPORT MAY BE PRESENT BUT IT IS STABLE IN NATURE (Patient may be intubated, may be on CPAP, may have stable tracheostomy on vent, and should have stable ventilator settings with $\leq 40\%$ FiO₂. If intubated patient, anticipate easy to bag if an extubation were to occur)
2. NO HEMODYNAMIC SUPPORT REQUIRED (stable vital signs as in cat 1)
3. SEIZURES ARE CONTROLLED
4. MAY HAVE A VENTRICULOSTOMY IF WELL SECURED (clarify if okay to be clamped during transport, or does it need to remain open?)
5. PATIENT DOES NOT HAVE INCREASED INTRACRANIAL PRESSURE

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6. PATIENT REQUIRES NO PROCEDURAL SEDATION OR ADDITIONAL MEDICATIONS (if intubated) DURING TRANSPORT

3. **CATEGORY 3 (ASA 4)**– Complex with potential instability. RN & RT to accompany patient for any transport. ***PICU attending or fellow or nurse practitioner* required and should remain present for any studies/procedures that are not staffed by an anesthesiologist.*** RT or MD must hand ventilate patient during MRI or place patient on MRI ventilator.

This patient has the following characteristics:

1. FULL VENTILATORY SUPPORT (Intubation, New Tracheostomy, Neuromuscular Blockade, History of Difficult Airway or Intubation, High Frequency Ventilation who tolerates bag mask ventilation)
2. NATIVE AIRWAY PROCEDURAL SEDATION REQUIRED
3. NEEDS VASOACTIVE AGENTS FOR HEMODYNAMIC STABILITY
4. INCREASED INTRACRANIAL PRESSURE OR SUSPECTED INCREASED INTRACRANIAL PRESSURE

4. **CATEGORY 4 (ASA 5/6)**– Unstable patient and INAPPROPRIATE FOR MRI. RN & RT to accompany patient for any transport. ***PICU attending or fellow or nurse practitioner* required and should remain present for any studies/procedures that are not staffed by an anesthesiologist.***

This patient has the following characteristics:

1. CARDIOVASCULAR INSTABILITY (ie Ongoing hypotension requiring constant treatment)
2. UNCONTROLLED DYSRHYTHMIAS AFFECTING PERFUSION
3. RAPIDLY CHANGING VENTILATORY PARAMETERS (particularly frequent episodes of desaturations)
4. UNSTABLE HIGH FREQUENCY VENTILATION PATIENT WHO DOES NOT TOLERATE BAG MASK VENTILATION
5. CARDIAC ARREST WITHIN PAST 6 HOURS
6. METABOLIC ABNORMALITIES REQUIRING CONSTANT TREATMENT (Hyperkalemia, Severe Hypoglycemia, or condition requiring intermittent IV bolus treatment)
7. ECMO PATIENT

*NP must have completed their anesthesia rotation and be privileged for pediatric sedation