



INODAYA Hospitals - Kakinada		Documentation code: INH/AAC.Doc.No:23
Policy on Safe Transport For Imaging		Prepared Date: 05/09/2023
Reference: AAC.g.e. NABH Standards – 5 th Edition		Issue date: 05/09/2023
Issue No: 2	Review No:01	Review Date: 04/09/2024

1.0 POLICY:-

Patient shall be transported (internally) in a safe manner and shall always be accompanied by a hospital staff.

- For stretcher bound patient – accompanied by ward boy and staff nurse
- For wheelchair bound / mobile patient – accompanied by ward boy

The patient file shall be send along with the patient wherever transported and handled by accompanying hospital staff. A junior resident/Staff nurse will accompany transfer of all unstable cases considered for imaging services

2.0 PURPOSE:

To establish an appropriate mechanism for transferring patients throughout hospital for imaging services

3.0 DEFINITION:

CMO: Casualty Medical Officer

4.0 ABBREVIATIONS:

5.0 SCOPE: -All Patients who will undergo imaging services

6.0 RESPONSIBILITY: Treating Physician & Emergency Doctor

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Radiologist	Medical director	Chief executive Officer



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7.0 DISTRIBUTION:

8.0 PROCESS DETAILS:

8.1 DESCRIPTION OF THE PROCESS

Patient shall be identified in appropriate manner as per the prescribed procedure before

- Medication administration
- Minor procedures
- Transportation of patient
- Carrying out of imaging investigation
- Collection of samples
- Other similar situations

Safe transportation: Patient shall be transported safely within the hospital from one department to another. Following protocols shall be followed while transporting the patient:

- Reason for transportation shall be clearly explained to the patient /relative
- For stable patient attendant shall accompany the patient while transportation
- For unstable patient nurse/medical officer as appropriate shall accompany the patient while transportation. These patients shall be transported along with resuscitation kit.
- Patients’ medical file shall be carried along with the patient if requested for.

8.2 ACTIVITY AND RESPONSIBILITY

Following procedure shall be followed for safe transfer for patient:

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A. From Ward to ICU, ICU to Ward and ICU to ICU & Ward to Ward

S. NO.	STEPS	RESPONSIBILITY
1.	To give prior written instruction for transferring patient to another unit	Consultant
2.	If the Consultant gives telephonic instruction to transfer the patient, medical officer has to write the order in treatment sheet.	Resident Doctor
3.	To inform the patient and relatives about the transfer	Consultant / Resident Doctor

- Staff nurse has to send the “**transfer information form**” to admission department with patient admission sheet within 10 minutes.
- Admission department has to write name of unit, class and bed number in admission form then return patient admission sheet to the concern department.
- Staff nurse is responsible to inform patient condition and requirement of suction, oxygen, airbed etc to the transferring department.
- Staff nurse has to transcribe the treatment in patient transfer sheet from the both, consultant’s order and treatment sheet.
- Staff nurse has to fill up the details in transfer checklist and transfer form and take the signature from the patient and relative.

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- Resident doctor has to fill up the Doctor Transfer checklist.
- Before transferring the patient to the concern unit, staff nurse has to reconfirm regarding readiness of unit for receiving patient.
- After shifting the patient to another dept., make him/her comfortable first, do required patient' attachments and monitoring then give over to the assigned staff nurse in detail.
- Give special Information if, the case is, MLC, bed sore, any accessory or patient is allergic to any drug or food or any other substance.
- After giving over, both the staff nurse has to sign in transfer checklist and transfer form.
- Nurse administrator from the receiving unit has to sign in the transfer form.
- If patient transfer from unit to ICU staff nurse has to fill up the adverse event form

B. Transfer from unit to Operating Room (OR)

- Staff nurse has to make sure that medical clearance, OT clearance, and OT booking is completed.
- Staff nurse has to shift the patient in OR half an hour before the surgery.
- Staff nurse has to be ascertained that all pre-operative orders are carried out.
- Staff nurse has to ensure that the patient has worn the ID band.
- She has to check in detail such as shaving of the surgical site, premedication, removal of ornaments, changing of personal garments especially removal of under garments, removal of nail polish.
- OR nurse has to intimate to primary nurse for shifting the patient half an hour prior to surgery.
- Before calling the patient to OT, OT nurse has to assure that the OT is ready for surgery.
- Staff nurse has to confirm regarding the transfer of the patient in OT with OT nurse administrator / nurse, before transferring the patient in OT.
- After the confirmation primary nurse has to shift the patient OT.

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- She has to carry Patient’s file, all investigation reports, which is done indoor or outside hospital and inward outward register while transferring.
- Handover the patient and documents to recovery nurse.
- Recovery nurse has to check the patient physically i.e. surgical site, removal of ornaments, changing of personal garments especially under garments, removal of nail polish etc.
- Recovery nurse has to check the vital signs and record in nursing treatment sheet
- Recovery nurse has to verify the checklist and after verification both the nurses (giving and taking over) have to sign in inward out ward register.

9.0 RECORDS AND FORMATS:

Internal Transfer In – Transfer out documentation forms between areas

Document Revision History

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1	10/03/2022	Prepared 5 th edition
Revised version - 2	05/07/2023	Periodic revision and update
Revised version - 3		
Revised version - 4		
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