DEPARTMENT OF PEDIATRICS KGMU

STANDARD OPERATING PROCEDURE FOR IN-HOSPITAL MOVEMENT OF PATIENTS

There should be a uniform policy for safe transfer of patients for an investigation to a place away from the place of admission.

OPERATING PROCEDURE:

**Step I:** Check the validity of indication for moving out and weigh the risk-benefit ratio of transporting the patient. Check treating physicians order.

**Step II:** Record the patient’s vitals and recheck safety of moving out with reference to these current vitals.

**Step III:** Discuss the need for moving out as well as risks in factual manner with the patient’s attendant’s and obtain their consent.

**Step IV:** Check the drugs and the equipment. Preferably an AED (automatic external defibrillator) should be present and the junior resident II accompanying should be skilled to use it.

**Step V:** Check if the paper and cash formalities are done in advance.

**Step VI:** Check that the department / unit where the patient is to reach have been informed and they can instantly start the investigation if the patient is very sick. Also, even if the patient is not sick, waiting for investigations in an alien environment should be discouraged.

**Step VII:** Check that the ambulance, the driver, the fully filled oxygen cylinder and tubes and masks are ready and arrived.
**Step VIII:** Check that the vital chart is filled just before start and the patient has patent IV lines preferably two.

**Step IX:** Check that previous few hours’ vital records are taken along.

**Step X:** Check that the patient is appropriately covered for maintenance of body temperature.

**STEP XI:** Check that the trolley is covered with comfortable shock absorbing mattress and sheet and a pillow if needed especially if raised I.C.T. is suspected.

**Step XII:** Check that previous few hours vital records are taken along.

**Step XIII:** Check that a list of phone numbers of all the concerned persons is present with the Junior Resident II and a fully functional mobile phone is in his / her possession.

**Step XIV:** The resident accompanying should have full power to postpone the movement if he feels it to be unsafe at that point of time.

**Step XV:** Check the “Drugs and Equipment Tray” containing the following articles is complete:

**Equipment:-**

- Face masks (different. Sizes) and Connecting tubing
- Nasal Cannulae
- Banes Circuit (appropriate size)
- Ambou bag with reservoir bag (appropriate Vol.)
- Nebulization paraphernalia.
- Laryngoscopes (different Size blades)
- BP apparatus with appropriate cuff.
- Portable multipara monitor / pulse Oxymeter with full battery.
- ET tubes (adequate size with one bigger and one lower size / multiple of them)
- LMAs (adequate size)
- Suction Catheters of right sizes and multiple (with manual suction machine)
- Needles & syringes of various sizes.
- Cannulae of (Different Sizes)
- Adhesive Tapes
- Gauze and bandages
- Dynaplast
- IV sets (Transfusions)
- Pediatric measured volume set.
- Mobile Pulse Oxymeter.
- Infusion pumps and extension lines.
- AED preferable.

**Emergency Drugs:**
- Inj. Adrenaline
- Inj. Diazepam
- Inj. Atropine
- Inj. Dopamine
- Inj. Furosemide
- Inj. Pheniramine Maleate
- Inj. Ondensatrine
- Inj. Hydrocortisone
- Inj. Mannitol
- Inj. HTS (hypertonic saline)
- 10% Dextrose
- 25 %Dextrose
- Normal Saline
- Cap. Nifedipine
## Mandatory Recording Chart

<table>
<thead>
<tr>
<th>G.C.:---</th>
<th>Time of start &amp; subsequent recording</th>
<th>HR</th>
<th>PR</th>
<th>RR</th>
<th>CFT</th>
<th>SPO 2</th>
<th>MEDICATION ON GOING</th>
<th>NEW SIGN / SYMPTOM</th>
<th>INTERVENTION FOR NEW SIGN / SYMPTOM</th>
<th>MEDICATIONS GIVEN</th>
<th>TIME OF RETURN AND REACHING BACK</th>
</tr>
</thead>
</table>
