Leaving the Unit: CT, MRI, IR, Cath Lab and OR

Is the trip worth it, who goes, what travels, monitoring and handoff, then what to check at each destination

ICU Basics
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WHAT YOU WILL DO

Critically ill patients leave the ICU for scans, procedures and surgery, and problems away from the unit are common: dislodged tubes and lines, desaturation, low blood pressure, drips running out. Your job is to make the trip as safe as staying in the ICU.

- Confirm with the team that the test will change care and that the patient is stable enough to go.
- Plan staff, equipment, oxygen and drugs; call ahead so the destination is ready.
- Keep ICU-level monitoring the whole time; you stay unless care is handed to trained procedure staff.
- Give and take a clear handoff; document vital signs, drugs given and events.

BEFORE YOU LEAVE

CHECK	WHAT IT MEANS
Worth the risk	Will the result change care? Can it be done at the bedside? Stabilize first when you can
Destination ready	Call ahead; the room, table and team are ready so you do not wait in a hallway
Who goes	At least two: a critical care RN plus an RT for ventilated patients; a provider for unstable patients
Airway and breathing	Tube secured, depth noted; transport ventilator tested on the patient; BVM with PEEP valve
Oxygen	The whole trip plus a reserve of at least 30 min; plan for up to twice the expected time
Drips	On charged pumps with enough volume; nonessential infusions capped
Lines, tubes, drains	Secured; chest tubes on water seal unless told otherwise; EVD clamped per order
Kit	Monitor/defibrillator with charged batteries, airway kit, emergency drugs, sedation and pain medicine as ordered
Paperwork	Chart, consent and screening forms (contrast, MRI) with the patient

ON THE WAY AND AT THE DESTINATION

- Monitor as in the ICU: continuous ECG and SpO_2, blood pressure (arterial line if present), respiratory rate; waveform capnography for ventilated or sedated patients.
- Watch every move onto and off a table: one person owns the airway, count out loud, trace each line first.
- Know where the nearest code cart is along the route and at the destination.
- Handoff on arrival and on return: name, procedure, airway, drips, allergies, isolation, code status, what to watch for.

DESTINATION CHECKS

DESTINATION	BEFORE	WATCH FOR
CT with IV contrast	20 G or larger IV, antecubital preferred; central line only if rated for power injection. Ask about prior contrast reaction. Check eGFR	Pain or swelling at the IV, hives, wheeze, hypotension. Shellfish or iodine allergy is not a contraindication
MRI	Screening form done (by family or chart if the patient cannot answer); implants checked; only MR Safe or MR Conditional gear in Zone IV	Steel oxygen tanks, monitors, pumps, loose ECG leads, patches; skin burns; a code means move the patient out of Zone IV at once, then run it
IR or cath lab	Consent, NPO, labs and anticoagulants per order; sedation plan	Site bleeding or hematoma, distal pulse, color and warmth; hypotension after femoral access
OR and PACU	Consent, site marked, blood available, drips listed	Patient may return intubated; take full anesthesia handoff; recheck everything

SAFETY Never take anything into the MRI scanner room (Zone IV) that is not labeled MR Safe or MR Conditional and cleared by the MRI team: oxygen tanks, IV poles, pumps and monitors can become projectiles.

CALL FOR HELP WHEN

- SpO_2 falls, $EtCO_2$ is lost or changes suddenly, or the tube may have moved: stop, bag with 100% oxygen, call.
- Blood pressure drops, a new arrhythmia appears, or a pressor runs low or stops.
- Hives, wheeze, throat tightness or hypotension during or after contrast.
- Bleeding, a growing groin or wrist hematoma, or a cold or pulseless limb after IR or cath lab.
- The patient is too unstable to leave, or the trip would leave the unit unsafe: say so before you go.

CHECK YOUR UNIT POLICY

Check your unit policy for who must travel with ventilated or unstable patients, the transport checklist, MRI screening and MRI infusion setup, contrast premedication and kidney protocols, bed rest after sheath removal, and when care is handed to procedure staff.

Sources (7) are listed with links at icubasics.com/sheets/icu-off-unit-trips.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ICU Basics is an independent study aid not affiliated with any certifying body.