

<b>Indications for provider-accompanied transport within the hospital</b>	
Pulmonary	<ul style="list-style-type: none"> <li>· Respiratory failure requiring mechanical ventilation</li> <li>· Respiratory failure requiring NIPPV, HFNC, and/or non-rebreather mask</li> <li>· Frequent suctioning</li> </ul>
Cardiovascular	<ul style="list-style-type: none"> <li>· Cardiac arrest within past 72h</li> <li>· New or worsening hypotension</li> <li>· Recently off vasopressors &lt;24h</li> <li>· Hypertensive emergency (end organ damage)</li> <li>· Tachyarrhythmia requiring medication pushes over the past 24h</li> <li>· HR &gt; 140, HR &lt; 50</li> </ul>
Renal	<ul style="list-style-type: none"> <li>· Severe electrolyte derangements requiring urgent or emergent treatment (including but not limited to: K &lt;3 or &gt;5.5, Na &lt;120)</li> </ul>
GI	<ul style="list-style-type: none"> <li>· GI bleed with hypotension</li> </ul>
Neuro	<ul style="list-style-type: none"> <li>· Acute change in mental status</li> <li>· Moderate to severe alcohol withdrawal</li> <li>· Sudden onset unilateral weakness or other focal neurological deficits</li> </ul>
Other	<ul style="list-style-type: none"> <li>· Additional indication for accompanied monitoring may be made by the primary team and/or nurse based on clinical acuity</li> </ul>

Examples in which patients may not need accompanied monitoring for intra-hospital transport:

1. Hyponatremia > 120, without mental status change
2. GI bleed without hemodynamic instability
3. Mild alcohol withdrawal
4. Sepsis without hypotension