

Air Medical Guidelines – Roto Wing

The concept of air transport is fundamentally sound when dealing with critically injured or ill patients. The ability to arrive at the patients side and transport them rapidly to the nearest appropriate medical facility is essential for a positive patient outcome.

Air medical transport is divided into two categories; pre-hospital and inter-facility.

I. Pre-hospital

A. Definition; Pre-hospital transport is defined as the transport of a patient from the pre-hospital environment (i.e. MVC, basic provider intercept, etc.) to the nearest appropriate medical facility while initiating/continuing patient care.

B. Activation protocol; In the rural setting, anytime a EMS response is initiated that meets the criteria for possible air transport, the local dispatch center should be informed to notify the nearest air transport service that their services may be needed. Depending on the air service's activation protocols, they will either early activate or be put on standby status. At no time should air medical be dispatched to a pre-hospital scene without ground EMS dispatched.

Early activation/standby criteria include, but are not limited to;

1. High speed MVC
2. Reported fatalities
3. Possible entrapment
4. ATV or motorcycle involvement
5. Rollover/ejection/prolonged extrication
6. Train involvement
7. Pedestrian involvement
8. Burns/explosions
9. Loss of limb/severe bleeding
10. Penetrating trauma
11. Possible paralysis
12. L.O.C.
13. Falls greater than 20 feet
14. Boating accidents
15. Industrial accidents
16. Farming accidents
17. Near drownings
18. Multi casualty incidents
19. Any medical emergency in remote areas

C. Patient transport decision; When an air transport service has been notified and has early activated or is on stand-by status, it is the responsibility of the ground EMS to determine if air transport is needed or not and relay that information to their dispatcher, who in turn will contact the air transport provider. The ground crew will decide if patient care will be turned over to the flight crew if it deems it necessary to transport the patient by air, as long as the ground crew is at least paramedic level.

D. Destination decision; After the air medical crew assumes patient care, they are responsible for treatment utilizing their protocols and medical direction as they deem necessary and will determine the patient destination based on the patients condition, facility capabilities and location, weather conditions, etc.

E. Termination of care; Upon arrival at the receiving facility, transfer of the patient to their care and the verbal report given to the accepting nurse or Dr., patient care will be terminated by the air medical crew. A written report will be left at the receiving facility before departure with the completed Patient Care Report delivered within 24 hours.

2. Inter-facility

A. Definition; Inter-facility transport is defined as the transport of a patient from one medical facility to another able to provide a higher level of care with an accepting physician, as arranged by the initiating facility. The air medical crew is responsible for continuing patient care already established at the transferring facility.

B. Initiating air transport; Any medical facility transferring a patient to another facility for a higher level of care or procedures not available at their facility and meeting the guidelines for air transport must make arrangements with the accepting facility and physician and complete a memorandum of transfer and a medical necessity form, providing documentation with the physician's and patient's (or patient's family if possible) signature stating that air transport is necessary.

C. Transfer of care; Upon arrival of the medical crew, a full report will be taken and, when appropriate, care transferred. Patient care will be continued and the patient transported as arranged.

D. In-flight Variations; It is the responsibility of the medical flight crew to make decisions regarding the patient's treatment enroute, utilizing their protocols and medical control as they deem necessary, with the possibility of diverting to another facility enroute if the patient's condition deteriorates considerably.

E. Termination of care; Upon arrival at the receiving facility, transfer of the patient to their care and the verbal report given to the accepting nurse or Dr., patient care will be terminated by the air medical crew. A written report will be left at the receiving facility before departure with the completed Patient Care Report delivered within 24 hours.

3. Roto Wing Providers available in TSA-C

A. Air-Evac LifeTeam Dispatch	1-800-247-3822
B. Critical Air Dispatch	1-800-247-8326
C. Care Flight Dispatch	1-800-442-6260
D. North Texas Life Star	1-800-568-6806
E. AeroCare	1-800-627-2376

APPROVED August 5th, 2004