

Z-06  
AIR AMBULANCE  
TRANSPORT



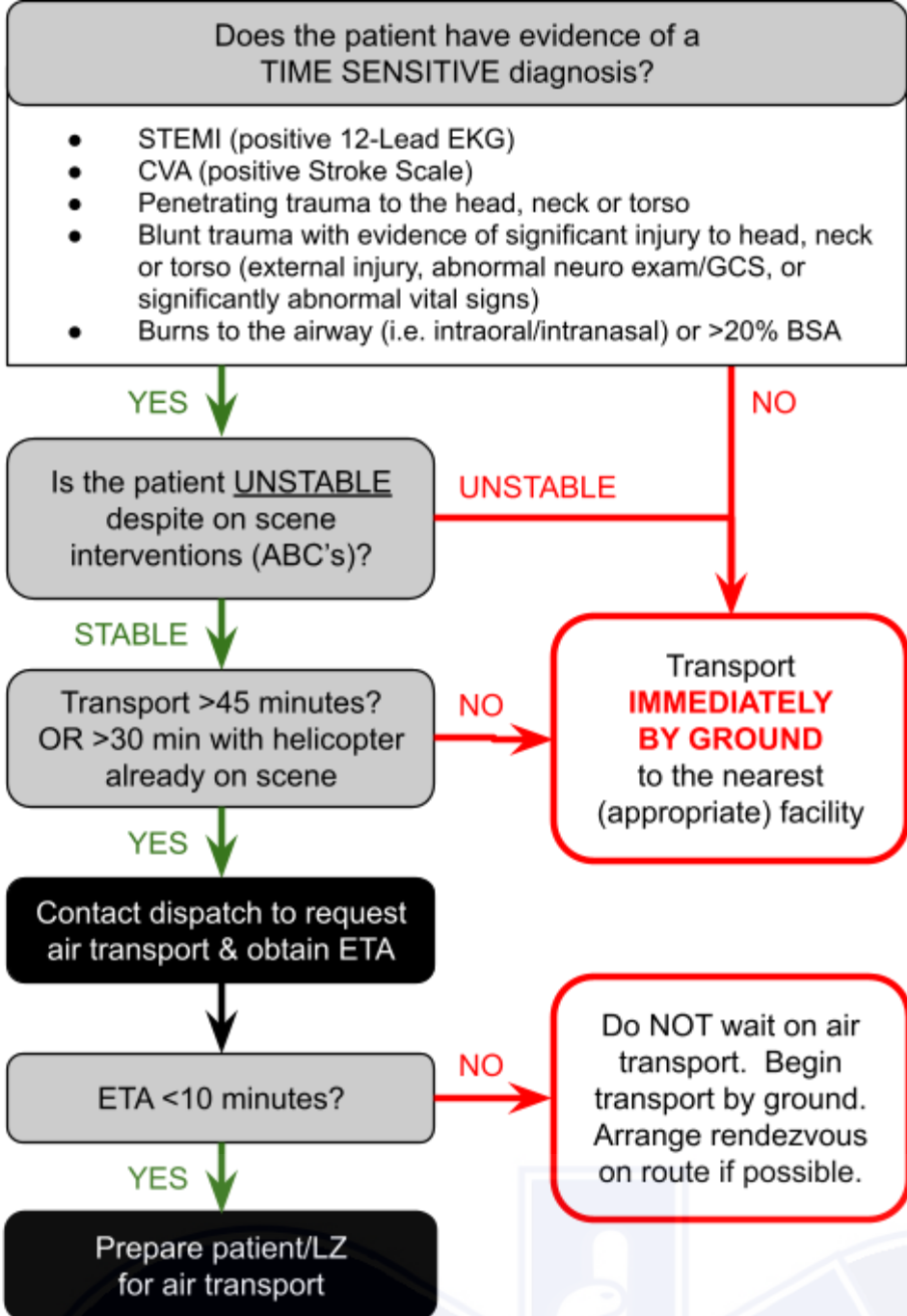
Unstable = Worsening appearance, deteriorating LOC/GCS or vitals, etc., *DESPITE* immediate, on-scene interventions for ABC's (i.e. airway mgmt., fluid resuscitation, etc.)

Notes:

Expected extrication time should be included in the estimated transport time (i.e 30 min transport plus 20 min extrication).

Remember that even with an aircraft overhead, you must account for landing/shut down and spin up/lift off times (often 5-10 minutes) both on scene and at the receiving ED, not including additional packaging/interventions prior to takeoff.

NEVER approach a "hot" aircraft. It should be shut down prior to loading/unloading. The flight crew may take the patient to the helicopter themselves if desired.



Consider air transport in the following situations:

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Penetrating Trauma

- Significant head, neck or torso penetration
- Isolated extremity penetration with no pulse

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Blunt Trauma

- Significant (i.e. high-energy) mechanism of injury to the head, neck or torso
  - High-speed MVA/MCC/Car vs Pedestrian
  - Ejection or prolonged entrapment/extrication
  - Casualties in the same vehicle
  - Unbroken fall >20 feet (or 3 times body height)
- *WITH*
  - Signs of significant injury
    - External injury/bruising
    - Abnormal neuro exam (paralysis)
    - GCS <13 (i.e. responds to pain only)
    - (*Significantly*) abnormal vital signs
    - Amputation proximal to ankle or wrist
    - Extremity injury with a neurologic deficit or no pulse
    - Flail chest

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Burns

- Airway burns (intraoral or intranasal, change in voice)
- Burns to >25% BSA

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STEMI

- 12 lead with confirmed ST elevation

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Stroke/CVA

- Symptoms <24 hours
- C-STAT = 2 or More

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Shock/Sepsis

- Unstable vital signs not responding to basic airway/O<sub>2</sub> interventions and fluid resuscitation with prolonged transport

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### Limitations of air transport:

*Note: These will vary some based on individual aircraft, weather conditions, etc.*

- A. Adults who have traction splint(s) applied, or any splint or device that exceeds the boundary of the long spine board/stretcher
- B. Patients over 6'4"
- C. Patients whose girth exceeds 27"

### Clinical Situations

- **DO NOT** request an air ambulance transport if the patient is in cardiac arrest, OR if significant deterioration of the patient's appearance and/or vital signs despite ongoing treatments suggests impending cardiac arrest.
- Short of carrying blood for transfusion, air transport provides essentially the same evaluation and treatments that ground units can already provide.
- The only true benefit of air transport is in decreasing transport time.
- Air transport is extremely expensive (tens of thousands of dollars) and should not be used for patients that do not have evidence of disease or injury that requires immediate *intervention* (not evaluation) at an emergency department.

### Interactions with HEMS Personnel

- The attending **ground** medic always has the choice whether to utilize air transport for his/her patient, and has the authority to disregard the response of the air ambulance.
  - You have NO OBLIGATION to utilize a flight crew unless the above guidelines are met.
  - Ground EMS is as capable of taking care a the patient as a flight crew--you just can't go as fast.
- The ground medic will coordinate with the Incident Commander (*when applicable*) to insure the helicopter receives patient information and landing zone location.
- Medical responsibility will be assumed by the medical flight crew upon their arrival at the patient only when their assistance is requested by the attending ground medic.
  - If a flight crew arrives on scene without being requested (being put on standby or

“auto-launching” DOES NOT mean they were requested to transport) and the patient does not meet criteria for air transport, kindly explain the situation and allow them to go back into service.

- If the above air transport criteria are not met, the flight crew may be allowed to assist with care based on these clinical guidelines and as directed by the attending ground paramedic.
- Do not cause a disturbance on scene or in front of the patient or family.
  - IF the flight crew still refuses to allow you to treat your patient in accordance with these guidelines, politely step aside and **immediately** contact your supervisor, online medical control or contact your medical director directly so the incident can be forwarded to the proper local and state authorities.
- Mostly, document, document, document.

#### QI Review Parameters:

1. Documented Clinical Findings support a "Time Sensitive" Diagnosis? (*STEMI, Stroke, Sepsis/Medical Shock, Appropriate Trauma*)
2. Documentation shows stable (i.e. non-deteriorating) vitals and clinical picture?
3. Estimated transport time >45 minutes (or >30 min with helicopter nearby)?
4. Unnecessary wait time >10 minutes? (*On scene or at LZ*)