PRACTICE GUIDELINE

Effective Date: 5-21-04 Manual Reference: Deaconess Trauma Services

TITLE: AIR MEDICAL USAGE AND SAFETY SERVICES TRANSPORTATION

PURPOSE: To provide the appropriate education necessary for considering air transportation for patients evaluated in the Emergency Department.

GUIDELINE:

AIR TRANSPORTATION TO BE CONSIDERED WHEN EVALUATION OF PATIENT(S) FINDS:

1. Weather, location, road traffic conditions would prolong patient's ground transport time to the closest appropriate care facility and would pose a threat to the patient's survival and/or recovery.
2. Use of local ground transport team would leave the local area without adequate EMS coverage.
3. Potential delays with ground transport are likely to worsen condition.
4. Clinical condition requires out of hospital environment be minimized.
5. One or more indicator of severe physiologic or anatomic compromise:
    i. Physiologic considerations:
        1. Glasgow Coma Scale < 14.
        2. Severe hypothermia or hyperthermia.
        3. Premature labor (gestation < 36 weeks).
        4. Amputation or near amputation.
        5. Unstable toxicologic syndrome.
    ii. Anatomic considerations:
        1. Head, neck, and spine:
            a. Penetrating injury of head or neck.
            b. Scalping or severe burn injury.
            c. Unconsciousness or decreasing mental status.
            d. Paralysis or spinal cord injury.
            e. Probable intracranial hemorrhage.
            f. Altered mental status in near-drowning.
            g. Status epilepticus unresponsive to Rx.
        2. Airway and chest:
            a. Compromised or insecure patient airway.
            b. Penetrating injury to chest.
            c. Flail chest.
            d. Severe burns and/or inhalation injury.
            e. Respiratory rate < 10 minute or > 29 minute.
            f. Acute respiratory failure.
            g. Hypoxia in near-drowning.
            h. Cyanosis in pediatrics.
        3. Cardiovascular:

a. Cardiac arrest when patient responds by return to spontaneous circulation with a pulse.
b. Cardiac arrest if no ACLS ground personnel are available.
c. Shock and/or hypotension (BP < 90) for any cause.
d. Symptomatic rhythm disturbance (< 50 or > 150).
e. Symptomatic hypertension/hypotension.
f. Probable dissecting or leaking aneurysm.

4. Pediatric patients will be stabilized and transferred to appropriate facility:
    a. Pediatric patient requires invasive airway procedure and assisted ventilation.
    b. Pediatric unstable respiratory rate < 10 or > 60.
    c. Pediatric patient experiencing or at high risk for developing acute respiratory failure or arrest.
    d. Pediatric unstable vital signs:
        i. Birth to 6 months.
        ii. Infant (6 to 12 months): SBP < 60.
        iii. Toddler/Preschool/School age (1-10 yrs.): SBP < 80.
        iv. Adolescent (>10 years): SBP < 90.
    e. Pregnant patients will be stabilized and transferred to appropriate facility as necessary:
        i. Severe bleeding/shock in pregnant patient.
    f. Extremities:
        i. Two or more long bone fractures.
        ii. Degloving injury.
    g. Other: Penetrating injury to abdomen, back, or groin.

REFERENCES:

- RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 2006; Committee on Trauma American College of Surgeons.
- ADVANCED TRAUMA LIFE SUPPORT FOR DOCTORS: 1997; American College of Surgeons Committee on Trauma.
- Deaconess Emergency Department Policy & Procedure Manual, TRANSFER OF PATIENTS; AIRCRAFT SAFETY; HELICOPTER ARRIVAL & TRANSPORT.
- ADVANCED BURN LIFE SUPPORT, American Burn Association, 2001.

REVIEWED DATE	REVISED DATE
JAN 05	**JAN 08**
JAN 06	
JAN 07	