

PURPOSE: To specify the patient type and time criteria for EMS responders to assist in the decision making process for the Utilization of an EMS Aircraft and the CQI process. **NOT intended for field use.**

STEP 1: PATIENT CRITERIA

<p>1. Does this patient meet the clinical criteria below?</p> <p>a) Cardiac arrest (in hypothermic arrest consider air transport).</p> <p>b) Stable patient(s) – may transport if ground transport is greater than thirty (30) min. from nearest Receiving Facility.</p> <p>c) Patient(s) contaminated by hazardous materials</p> <p>d) Patient(s) who are potentially violent or have behavioral emergencies.</p> <p>e) Patient(s) located in the “Immediate Response Zone”</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>If YES, STOP HERE</u> and transport by ground.</p> <p>If <u>NO</u> continue to <u>STEP 2</u></p>
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STEP 2: PATIENT MEDICAL CONDITION

<p>2. Does this patient meet any of the clinical criteria below?</p> <p>a) Multi-casualty incidents (Immediate or Delayed patients)</p> <p>b) Major trauma patient triage criteria (Pediatric or Adult)</p> <p>c) Major burn patient triage criteria</p> <p>d) Decompensating patient from environmental injuries</p> <p>e) Prolonged seizure refractory to medication or seizures with pregnancy</p> <p>f) Cardiovascular instability</p> <p>g) Respiratory arrest or severe respiratory compromise</p> <p>h) Complications of childbirth</p> <p>i) Unstable patient</p> <p>j) Any other conditions subject to approval of the <i>Base Hospital Physician.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>If NO STOP HERE</u> and transport by ground.</p> <p>If <u>YES</u>, continue to <u>STEP 3</u></p>
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STEP 3: TIME CRITERIA ANALYSIS

Standard	Time	Standard	Time
<u>GROUND:</u> Amount of time before start of ground transport. If ground not at scene add ETA + estimated time on scene:	_____	<u>AIR:</u> Amount of time before start of air transport. If air not at scene add ETA + estimated time expected on scene:	_____
Ground transport time to hospital:	_____	Air transport time to hospital:	_____
Off loading time at hospital:	<u>2 Minutes</u>	Off loading time at hospital:	<u>5 Minutes</u>
<i>TOTAL ground time:</i>	_____	<i>TOTAL air time:</i>	_____

Does utilizing an EMS Aircraft save ten (10) minutes or more to the closest, Yes No

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Revised:
Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

most appropriate receiving facility?	<i>If NO, STOP HERE</i> <i>and transport by ground.</i> <i>If YES continue to</i> STEP 4
STEP 4: SCENE SAFETY	
1. Are all of the following safety requirements met? a) The landing zone meets all of the following: ⇒ At least 60' x 60' for daytime operations and 120' x 120' nighttime operations. ⇒ Clear of overhead wires, debris or other obstacles. ⇒ Relatively flat. ⇒ The LZ thoroughly watered down if the landing zone is not paved. b) Personnel assigned to control pedestrian and vehicular traffic? c) Is access denied to all traffic to within 100' of the aircraft? d) Night operations - there at least four flashing or steady burning lights. e) The IC cleared the EMS Aircraft to land.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, STOP HERE</i> <i>and transport by ground.</i> <i>If YES, continue to</i> STEP 5
STEP 5: RISK/BENEFIT ANALYSIS	
1. Does the patient meet patient criterion as identified in Step 2? 2. Does air transport save at least 10 minutes over ground to the closest, MOST appropriate receiving facility? 3. Is air transport in the best interest of the patient? 4. Is air transport the safest way to transport the patient from the scene? 5. Is air transport the most appropriate mode of transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, Utilize EMS aircraft.</i> <i>If NO, transport by ground.</i>

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