

AIR MED TRANSPORT GUIDELINE

1. Purpose: LaSalle Ambulance Service's goal is to ensure patients are transported by ground or air to an appropriate medical facility and efficiently maintaining systems status management.
2. Procedure:
 - 2.1. LaSalle Ambulance Service Air Med Helicopters
 - 2.1.1. Dispatching/Requesting of Air Med Resources
 - 2.1.1.1. The decision to dispatch the helicopter is based on the discretion of the AMOC dispatcher using information from the call taking, follow up phone calls to 911 centers, law enforcement, fire departments, and other relevant information obtained.
 - 2.1.1.2. The paramedic may request Air Med while en route to the scene but the final decision to place Air Med on standby or to launch or not is at the discretion of AMOC and the Communications Center Supervisor.
 - 2.1.2. Transport Decision
 - 2.1.2.1. The paramedic on scene should cancel the helicopter in the event of minor injuries, patient refuses to fly, and/or other reasons making helicopter transport undesirable. When cancelling Air Med, state the reason for the cancellation.
 - 2.1.2.1.1. On scene, the ground medic and Air Med Medic will work together to make a decision most appropriate means of transport considering the patient's condition, distance from hospital, traffic patterns, location of helicopter in relation to scene, and other factors.
 - 2.1.2.2. It is not appropriate to extend scene times by waiting for the helicopter. If the patient is packaged and ready for transport and the helicopter is not on the ground or preparing for landing, contact AMOC on the 700 MHz Ops 1 and prepare to transport.
 - 2.1.2.3. When practical, the landing zone should be between the scene and the receiving hospital to prevent transporting away from the hospital in case the helicopter must cancel.
 - 2.1.2.4. When doing an intercept at an outlying hospital, the ground unit should not wait at the helipad for more than 8 minutes.
 - 2.1.2.4.1. The patient should go into the outlying hospital only if the patient deteriorates into cardiac arrest or the airway requires immediate stabilization and the ground ambulance cannot stabilize the airway. Otherwise, execute Air Med intercept as planned.
 - 2.1.3. Documentation
 - 2.1.3.1. In cases in which the ground crew arrives on scene prior to Air Med and initiates patient assessment, the ground crew will be responsible for completing a treated/transferred care ePCR. In an MCI, the incident commander or treating medic is NOT responsible for completing an ePCR however any treatments performed should be communicated to the Air Med medic.

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- 2.1.3.2. In cases in which Air Med arrives prior to or at the same time as the ground crew, the ground crew is not required to complete an ePCR for patients transported by Air Med.
 - 2.1.3.3. In cases in which patients are transported to a landing zone via ambulance, the crew will change their status to transporting and choose “Air Med Landing Zone Intercept” as the destination choice. The on scene paramedic will
 - 2.1.3.3.1. Provide report to the Air Med medic
 - 2.1.3.3.2. Complete an electronic Patient Care Record for the initial treatment and transport
 - 2.1.3.4. The Air Med medic will complete an electronic Patient Care Record for the transport.
 - 2.2. Non-LaSalle Helicopter Responses
 - 2.2.1. Dispatching/Requesting of Air Med Resources
 - 2.2.1.1. The paramedic may request the helicopter while en route to the scene but the final decision to place the helicopter on standby or to launch or not is at the discretion of the individual helicopter service and the Communications Center Supervisor.
 - 2.2.2. Transport Decision
 - 2.2.2.1. The paramedic on scene may cancel the helicopter in the event of minor injuries, patient refuses to fly, and/or other reasons making helicopter transport undesirable.
 - 2.2.2.2. It is not appropriate to extend scene times by waiting for the helicopter. If the patient is packaged and ready for transport and the helicopter is not on the ground or preparing for landing, initiate transport to a landing zone or the receiving hospital.
 - 2.2.2.3. When practical, the landing zone should be between the scene and the receiving hospital to prevent transporting away from the hospital in case the helicopter must cancel.
 - 2.2.3. Documentation:
 - 2.2.3.1. Documentation via the electronic Patient Care Record is indicated anytime the patient has received assessment and/or interventions by LaSalle Ambulance staff and then transported by a non-LaSalle helicopter service.
- 3. Contraindications to Helicopter Transport
 - 3.1. Absolute Contraindications
 - 3.1.1. Patients in active labor
 - 3.1.2. Patients prone to psychotic or violent behavior
 - 3.1.2.1. Prisoners who can be restrained or otherwise immobilized in such a way as to allow removal from the aircraft in the event of an emergency do not fall into this category. The flight medic shall weigh the benefits vs. risk of air transport.

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- 3.1.2.2. Other patients, who are chemically restrained, chemically paralyzed, or who can be restrained or otherwise immobilized in such a way as to allow removal from the aircraft in the event of an emergency do not fall into this category. The flight medic shall weigh the benefits vs. the risk of air transport.
 - 3.1.3. Patients who express an extreme fear of flying and/or present a danger to the flight crew.
 - 3.1.4. Other contraindications may exist as outlined by the specific helicopter service
 - 3.2. Relative Contraindications
 - 3.2.1. Patients who cannot tolerate being in a supine position
 - 3.2.2. Patients who are claustrophobic
 - 3.2.3. Patient arrival to the ER would be delayed by the air transport