

**I. General Considerations**

- A. *Unless otherwise specified by the EMS District Medical Advisor, all requests for the helicopter must be made in conjunction with on-line medical direction. The earliest possible contact with medical direction will help assure a timely response. The helicopter should generally be requested through on-line medical direction after an EMS provider is on the scene to assess the patient(s).*
  - B. Patients should be taken to the closest appropriate medical facility whether by air or by ground. *Decisions about appropriate destination should be made with on-line medical direction. (See Destination Determination Protocol)*
  - C. For a helicopter scene transport to be worthwhile, the response time of the helicopter to the scene should be significantly less than the time it would take to travel by ground to the nearest medical facility (including extrication time), e.g., 15 minutes for the helicopter to arrive at the scene vs. 25 minutes to provide scene care and ground transport to the nearest facility is an adequate time justification for the use of the helicopter.
  - D. There should be no delay in patient care while waiting for a helicopter to arrive.
  - E. An appropriate landing zone should be identified prior to requesting the helicopter.
  - F. The advanced care that the airmedical crew brings to a scene is a reasonable consideration in the decision to use helicopter transportation and should be discussed with on-line medical direction.
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**II. History and Physical Exam**

The following types of patients should be considered candidates for airmedical transports from pre-hospital scenes:

- A. Head injured patients with one or more of the following:
    - Glasgow Coma Scale less than 12 or deteriorating mental status to the point where the patient is not verbalizing
    - Penetrating injury or open fracture
    - Lateralizing findings such as weakness, paralysis, or seizures on one side of the body, or unequal pupils.
  - B. Chest injury patients with one or more of the following:
    - Symptoms of a tension pneumothorax including significant difficulty breathing and or shock.
    - A potential cardiac injury as evidenced by symptoms such as jugular vein distension, hypotension, ectopy on a cardiac monitor, or muffled heart tones.
    - A penetrating chest wound
    - A major chest wall injury (e.g., flail chest or coughing up blood)
  - C. Patients in need of advanced airway intervention otherwise not available at the scene
  - D. Burn patients with potential airway involvement
  - E. Spine injury patients with neurological deficit
  - F. Patients with clinical signs of shock including mental status deterioration, hypotension, tachypnea, or severe respiratory failure.
  - G. Patients with amputations proximal to the knee or elbow.
  - H. Complex medical or trauma patients who may benefit from treatment at a specialty center.
  - I. Patients in cardiac arrest from any cause **are not** candidates for airmedical transport.
  - J. *Any patient who does not specifically fit into one of the above categories, but the EMS provider on the scene feels would benefit from airmedical transport, should be discussed with on-line medical direction.*
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**III. Procedure**

- A. Obtain an appropriate history and perform a physical examination based on the patient's presenting problem(s).
- B. Initiate treatment according to the appropriate protocol(s).
- C. Consider airmedical transport for the patients described in **Section II**. If airmedical transport is likely to shorten the patient's time to potentially lifesaving advanced treatments or until arrival at an appropriate medical facility, *contact on-line medical direction to discuss a request for the helicopter.*
- D. Request the helicopter, if indicated, according to local dispatch procedures.