



Tips on Patient Preparation and Transition of Care for Air Medical Transport

I. Patient Preparation

A. Airway - when in doubt, intubate

1. Aggressive definitive airway management is encouraged.
2. Contact the **FLIGHT FOR LIFE** Medical Control staff physician at (800) 344-1000 either prior to lift-off or while the helicopter is enroute to discuss airway management, if needed.
3. The flight crew can also make an airway management decision upon arrival; the medical team will frequently use Rapid Sequence Induction to facilitate immediate intubation in the patient requiring a definitive airway.

B. IVs

1. Trauma cases/hypovolemia/bleeding problems: all patients need two IVs, preferably 14-16 gauge IVs, but a smaller gauge will do. Please use blood tubing for set-up so there is no delay switching over to blood tubing before transport; add an extension set (not a T-connector) to the blood tubing.
2. Unstable, or potentially unstable cardiac/medical patients also require two IVs, or a Twin Cath, not necessarily large bore. One IV may be capped. Use extension sets on the IV set-up; this facilitates switching over to FLIGHT FOR LIFE's infusion pumps.
3. Tape, tape and more tape.

C. Tubes

1. Flying at an altitude may cause gas expansion, increasing the chance of vomiting (of special concern if decreased level of consciousness) or enlargement of a pneumothorax.
 - a. Nasogastric tube: Will be used if the patient is vomiting or intubated.
 - i. Remember, use an Orogastric tube if facial fractures are present.
 - b. Chest tube will be generally be used if a pneumothorax is present; a small pneumothorax may not require one.

D. X-Rays

1. **Please leave the long backboard in place while taking x-rays and until the flight crew has assessed the patient.**
2. The only x-ray that may be absolutely necessary prior to transport on trauma patients is a chest x-ray.
3. A C-spine x-ray is not essential on trauma patients prior to transport. Keep the patient in good spinal immobilization (long backboard, CID, straps) and pad the long backboard whenever possible. Keep all immobilization in place, even if the x-rays are completed, until the flight crew has arrived and assessed the patient. It eliminates the time taken to re-immobilize if there is a question regarding interpreting the x-rays.

E. Splinting

1. Extremity splints: Leave on. FLIGHT FOR LIFE will return equipment to the hospital/department.
2. Pad pressure point areas on all patients on a spine board.

F. Sedation/Restraints

1. Due to safety considerations when transporting a patient via helicopter, the flight crew will make use of chemical, as well as physical restraints when necessary.
2. Of particular concern are patients who have ingested drugs and/or alcohol, combative patients, and those who have sustained a head injury. These patients may be restrained, even if they are unconscious, as they may “wake up” and become combative during the transport.
3. Anxious patients (particularly cardiac) may be sedated prior to the arrival of FLIGHT FOR LIFE, if not contraindicated.

II. Transition of Care

A. Patient Care Responsibilities

1. The FLIGHT FOR LIFE medical crew assumes primary responsibility for the patient’s care when the referring physician clearly indicates they are relinquishing this responsibility to the flight crew. The FLIGHT FOR LIFE crew may ask for clarification of this point through clear discussion, i.e., “Would you like me to assume care for the patient at this time?”
2. Documentation of care: verify your hospital’s policies/procedures regarding proper documentation during the transfer of care.
3. Responsibility to give/take orders: Generally, flight nurses take orders from flight physicians or their medical control physician; referring hospital physicians give orders to referring hospital staff.

- B. Report – The flight crew may split up: one to obtain report from your staff and one to begin their patient assessment, depending on the circumstances. Please be available when the crew arrives.
We appreciate your assistance!

C. Assessment/Equipment Transition

1. Flight personnel work with you to simultaneously assess the patient as the monitoring/infusion equipment is switched to the transport equipment.
2. Pressure bags are placed on all free-hanging IVs.
Generally, in adult trauma patients, LR and/or NS should not be running through infusion pumps
3. Infusion Pumps for IV drip medication:
 - a. Extension sets at the end of IV tubing will greatly expedite switching over to the FLIGHT FOR LIFE pumps.
 - b. With multiple drips, FLIGHT FOR LIFE will use a lot of labels for pumps and tubing.

D. Records/Paperwork

1. Use the FLIGHT FOR LIFE Patient Transfer Envelopes (transfer checklist on the outside) to contain documents. If possible, please complete the “Medical Necessity for Air Critical Care Transport” and “Authorization and Assignment of Benefits” forms inside envelope.
2. **It is helpful to the flight crew if you enclose two copies of paperwork.**
3. Please call the receiving facility’s inpatient unit with a report so that they can prepare medication drips/ventilator/etc.

E. Family

1. FLIGHT FOR LIFE will make every attempt to speak with family members to explain what we are doing. Please obtain a name and cell phone number of a family member who we can notify when we arrive at the receiving hospital.
2. Family cannot fly in the helicopter.
3. The patient’s valuables and clothes should remain with the family.
4. A Family Brochure is available from the flight crew.