



Transport Guidelines

Cardiac

- Acute coronary syndrome in need of interventional therapy (e.g. STAT cardiac catheterization)
- Cardiogenic shock, especially in presence of, or need for, ventricular assist devices or intra-aortic balloon pumps
- Cardiac tamponade with impending hemodynamic compromise
- Mechanical cardiac disease (e.g. acute cardiac rupture, decompensating valvular heart disease)
- Post cardiac/respiratory arrest
- Requirement for continuous intravenous vasoactive medications or mechanical ventricular assist (e.g. external or internal pacemaker) to maintain stable cardiac output

Medical/Surgical

- Risk for airway deterioration (e.g. angioedema, epiglottitis)
- Acute pulmonary failure and/or requirement for sophisticated pulmonary intensive care (e.g. inverse ratio ventilation)
- Severe poisoning or overdose requiring specialized toxicology services
- Need for hyperbaric oxygen therapy (e.g. carbon monoxide toxicity)
- Need for emergent dialysis
- Gastrointestinal hemorrhages with hemodynamic compromise
- Surgical emergencies such as aortic dissection or aneurysm

Trauma

- Trauma score < 12
- Unstable vital signs
- Multisystems trauma (e.g. multiple long bone fractures in different extremities)
- Penetrating trauma to the abdomen, pelvis, chest, neck, head, or eye.
- Crush injury to the abdomen, chest, or head
- GCS < 10 or deteriorating mental status
- Spinal cord injury
- Skull fracture
- Major chest wall injury (e.g. flail chest)
- Pneumothorax/hemothorax
- Cardiac contusion or tamponade
- Pelvic fracture
- Partial or total amputation of a limb
- Finger/thumb amputation when replantation is a consideration
- Fracture or dislocation with vascular compromise
- Open long bone fractures.
- Burns > 20% BSA
- Burns to face, head, hands, feet, or genitalia
- Inhalation injury
- Electrical or chemical burns

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Helicopter Transport Guidelines

Neurological

- Cerebral hemorrhage
- Acute ischemic stroke
- Spinal cord compression by mass lesion
- Status epilepticus

Obstetric

- Expectation that delivery of infant may require obstetric or neonatal care beyond the capabilities of the referring hospital
- Active premature labor when gestational age is < 34 weeks or estimated fetal weight is < 2,000 grams
- Third-trimester hemorrhage
- Severe pre-eclampsia or eclampsia
- Fetal hydrops
- Severe predicted fetal heart disease
- Maternal medical conditions that might cause premature birth (e.g. heart disease, drug overdose)
- Acute abdominal emergencies likely to require surgery

Neonatal

- Head cooling therapy
- Transport for extracorporeal membrane oxygenation (ECMO)
- Gestational age < 30 weeks or body weight < 2,000 grams
- Requirement for supplemental oxygen exceeding 60%, continuous positive airway pressure (CPAP), or mechanical ventilation, including nitrous oxide
- Extrapulmonary air leak, interstitial emphysema, or pneumothorax
- Medical emergencies such as seizure activity, congestive heart failure, or disseminated intravascular coagulation
- Surgical emergencies such as diaphragmatic hernia, abdominal wall defects, intussusception, suspected volvulus, or congenital heart defects

Reference

Position Paper - Guidelines for Air Medical Dispatch, National Association of EMS Physicians, December 9, 2002

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