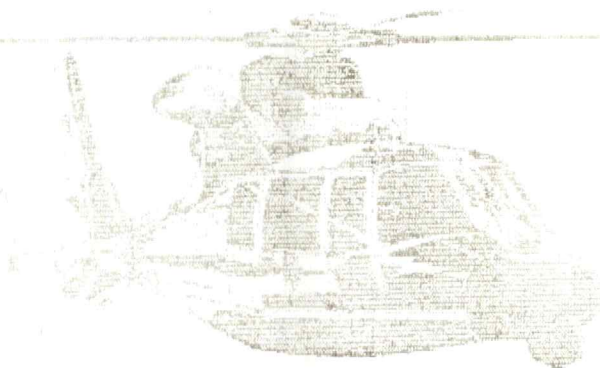




MARYLAND STATE POLICE
AVIATION DIVISION
TRAINING SECTION



Med-Evac Helicopter Time Saving Tips
and Patient Transition Procedures

August 1994

PATIENT TRANSITION TO A MARYLAND STATE POLICE HELICOPTER MARYLAND STATE POLICE AVIATION DIVISION

This handout has been written to facilitate rapid and orderly transition of patient care to flight crews during scene Med-Evacs. Time delays can be minimized with a basic understanding of the responsibilities of the flight paramedic. Listed below are the things you can expect MSP flight paramedics to accomplish at the scene of a traumatic injury.

- * Receive a patient turnover report from the medical provider who is already at the scene. This should be brief and should include the following information:
 - Mechanism of injury or illness
 - Patients' condition when you found them
 - Problems you have identified
 - Vital signs
 - Treatment you have provided
- * Perform a 60 - 90 second Basic Trauma Life Support primary exam on each patient. This step is **REQUIRED** by both the Medical Director and MSP policy regardless of the level of care already at the scene.
- * Assure that any necessary critical interventions have been performed prior to loading the patient into the aircraft. Generally, critical interventions are limited to correction of airway problems, decompression of a tension pneumothorax and bleeding control.
- * Assure adequate spinal immobilization is in place prior to flight, if indicated. This includes backboard, collar, straps and head immobilizer. **ARMS SHOULD BE LEFT FREE AND CHEST EXPOSED** in order to facilitate a rapid BTLS survey.
- * Search the patient quickly for weapons. This will be a fast "pat down" in an effort to locate objects that could be harmful to the crew in flight, such as; guns, knives and bombs. Bombs and incendiary devices have been found on patients in the past.
- * Adequately restrain combative patients. These patients must be under control prior to the flight for the safety of the crew and patient.
- * Apply monitoring equipment, such as; automatic blood pressure cuff and **EKG** cables. The patient's arm may be against the wall in flight and these simple procedures can become difficult if not already in place.

HELICOPTER TIME SAVERS

- * CALL THE HELICOPTER EARLY IN THE INCIDENT. Arrange for it to be dispatched on the initial call if the assessment of the incident indicates a time critical situation, keeping in mind the "Golden Hour" concept. When the aircraft request is made, an ETA will be given as soon as possible. If it is excessive and ground transport would be faster, at that point, cancel the helicopter.
 - * LAND THE HELICOPTER AS CLOSE TO THE SCENE AS IS SAFELY POSSIBLE. If this cannot be done, get the flight paramedic to the scene as soon as possible or get the patient to the landing site without delay.
 - * PERFORM ADEQUATE SPINAL IMMOBILIZATION ON THOSE PATIENTS THAT REQUIRE IT. The patient is not "ready to go" until he is immobilized and secured to a backboard. This step is often overlooked while ALS procedures are being performed. ALS procedures can often times be carried out enroute to the hospital, but spinal immobilization must be done prior to moving the patient to the aircraft.
 - * LEAVE PATIENT'S ARMS FREE AND CHEST EXPOSED. This will make it easier and faster for the flight paramedic to perform a BTLS primary survey, attach monitors, start I.V.'s and perform a secondary survey while in-flight. Don't place blankets under backboard straps since this makes the secondary survey that the flight paramedic will perform during transport very difficult.
 - * EXPLAIN TO THE PATIENTS THAT THEY WILL BE TRANSPORTED BY AIR AND THE REASON WHY. Many people are fearful of flying and any anxiety that can be reduced about this situation prior to the aircraft's arrival will be time saved and make the situation more tolerable for the patient.
 - * GIVE A BRIEF BUT COMPLETE PATIENT TURNOVER REPORT TO THE FLIGHT CREW. The flight crew probably knows very little about the patient when they arrive, even if a consult with the hospital has already occurred.
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MULTIPLE PATIENTS -

DISPATCH OF ADDITIONAL HELICOPTERS. Although most MSP helicopters are capable of transporting two patients, it is difficult to provide advanced life support care to two critical patients. To prevent the delay of having to request a second helicopter after the arrival of the primary helicopter, the following information should be provided to our central dispatch center located at SYSCOM:

- * Total number of patients to be transported by helicopter
- * Priority (priority 1, 2, 3) for all patients to be transported
- * Whether any patients to be transported weigh over 250 lbs.
- * Any other information you believe may impact the transport time for the patient

After receiving the estimated time of arrival (ETA) for all responding aircraft, you should consider the ETA along with the 5-10 minutes the aircraft will be on the scene preparing the aircraft for patient transport and receiving a turnover report. Remembering that the aircraft must still fly to the hospital, you should decide if helicopter transport is more appropriate than ground transport.

ADVERSE WEATHER -

IF WEATHER APPEARS TO BE POOR, CALL FOR THE HELICOPTER IF YOU NEED IT, BUT HAVE A BACKUP PLAN AVAILABLE FOR GROUND TRANSPORTATION. The helicopter crew will determine if it is safe to fly. Rain does not preclude flight, however, low ceilings and poor visibility may.
