



Operative Principles in AIR Transport

AIR IDAHO RESCUE

2016



Outcomes

- At the conclusion of this presentation the learner will be able to:
 - Determine when to call for AIR transport
 - Determine when to call for a hot load
 - State safety related scene/landing zone principles
 - Explain Back Country patient packaging principles for a variety of scenarios
 - Discuss other hot loading specifics



PREPARING TO CALLING for HEMS

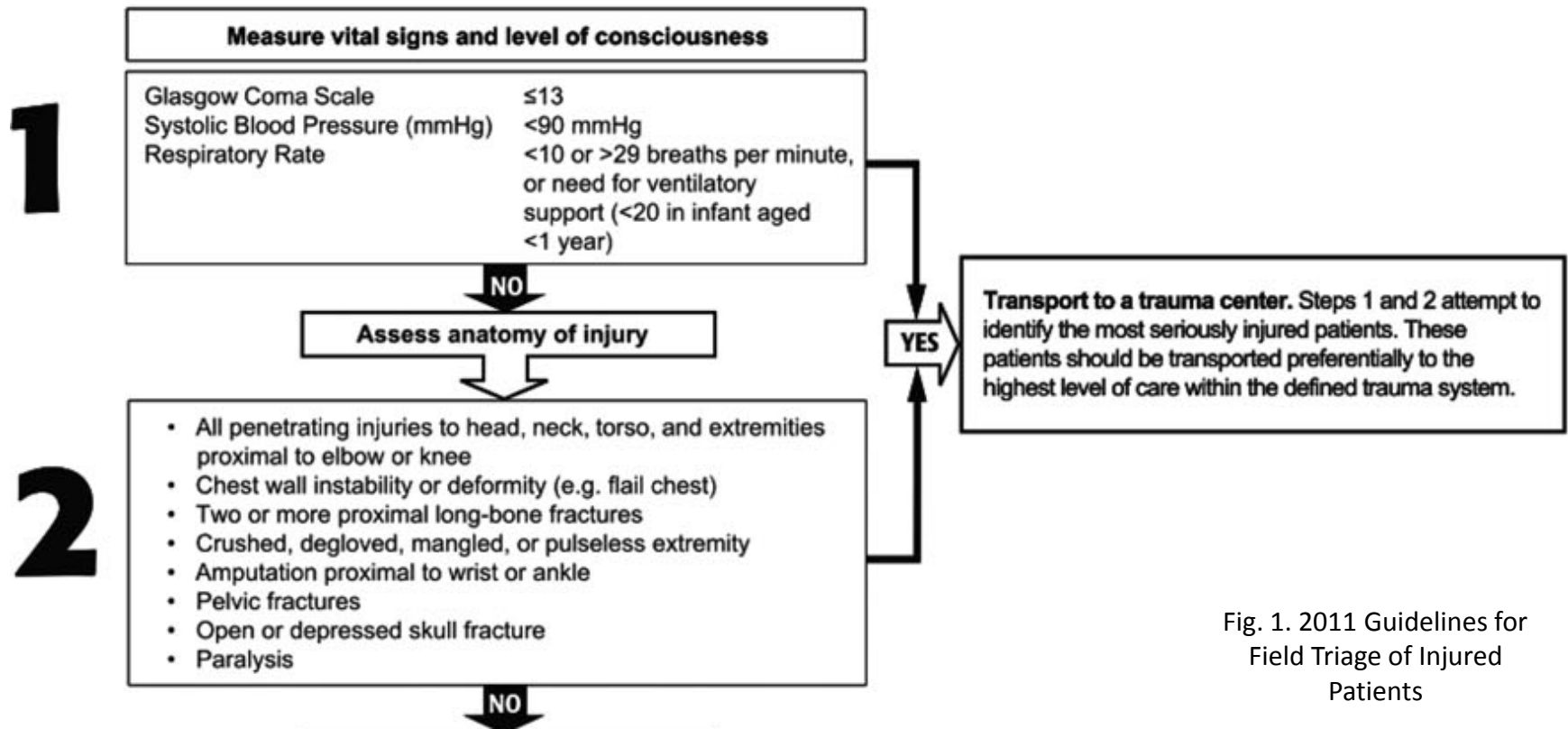


Fig. 1. 2011 Guidelines for Field Triage of Injured Patients

PREPARING TO CALLING for HEMS

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Assess mechanism of injury and evidence of high-energy impact

- **Falls**
 - Adults: >20 feet (one story is equal to 10 feet)
 - Children: >10 feet or two or three times the height of the child
- **High-risk auto crash**
 - Intrusion, including roof: >12 inches occupant site; >18 inches any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
 - Vehicle telemetry data consistent with a high risk of injury
- **Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact**
- **Motorcycle crash >20 mph**

YES

Transport to a trauma center, which, depending upon the defined trauma system, need not be the highest level trauma center.

NO

Assess special patient or system considerations

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- **Older Adults**
 - Risk of injury/death increases after age 55 years
 - SBP <110 may represent shock after age 65
 - Low impact mechanisms (e.g. ground level falls) may result in severe injury
- **Children**
 - Should be triaged preferentially to pediatric capable trauma centers
- **Anticoagulants and bleeding disorders**
 - Patients with head injury are at high risk for rapid deterioration
- **Burns**
 - Without other trauma mechanism: triage to burn facility
 - With trauma mechanism: triage to trauma center
- **Pregnancy >20 weeks**
- **EMS provider judgment**

YES

Transport to a trauma center or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider consultation with medical control.

NO

Transport according to protocol

Fig. 2. 2011 Guidelines for Field Triage of Injured Patients (cont.)

CALLING for HEMS



Start here...

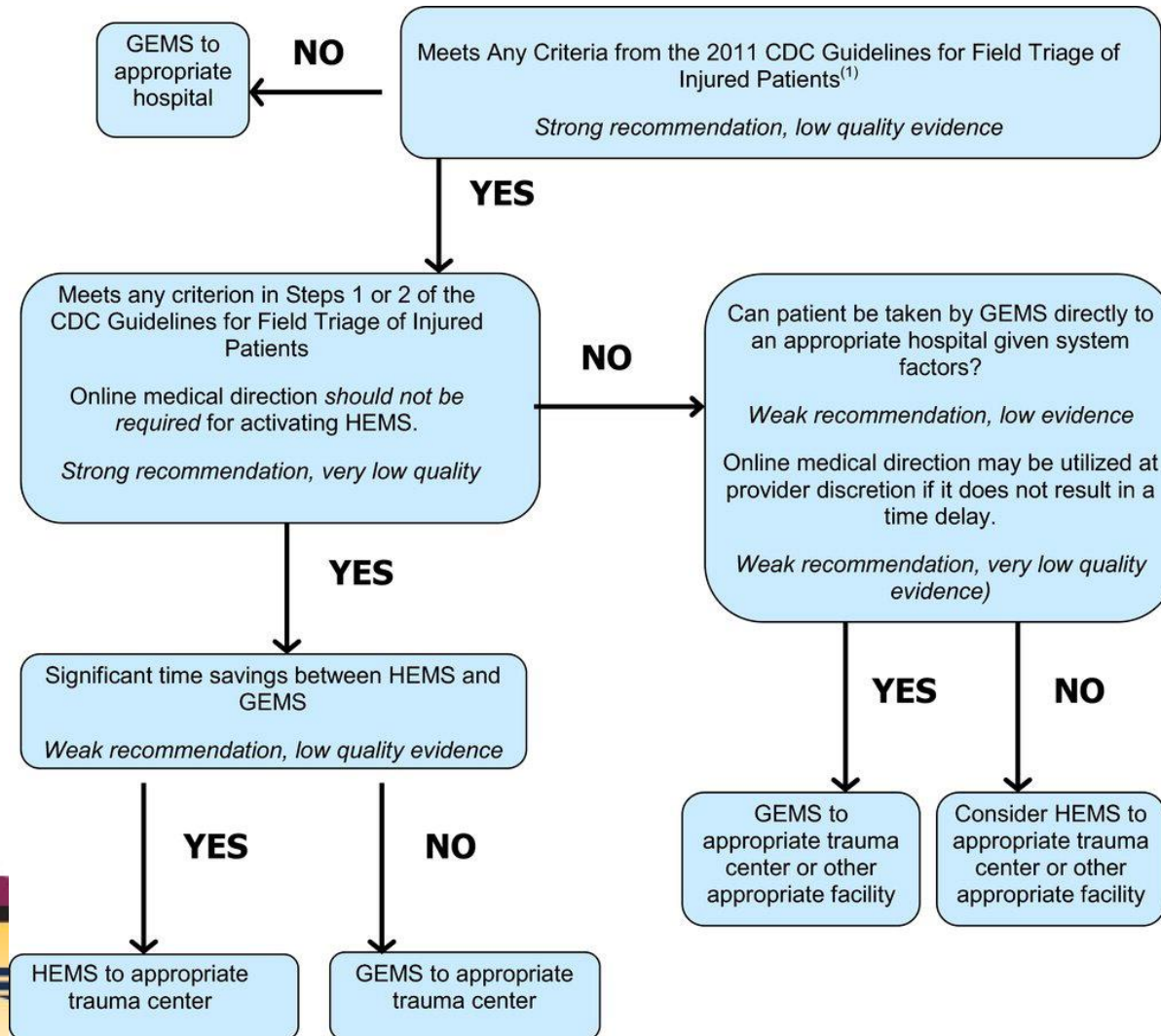


Figure 3. HEMS Evidence-based Guideline (with Trauma Center Designated).

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Other Reasons to Call for HEMS

- Reasons to call for a helicopter
 - 39% lower chance of death (Sullivent, Faul, & Wald, 2011)
 - FALTER acronym (Whitehead, 2013)



Other Reasons to Call for HEMS

- Decreased LOC – Airway obstruction – Respiratory Distress – Shock – Significant head injury (Thomas et. Al, 2014)
- Higher level of care than many ground units (equipment and expertise)
- ***YOUR judgement***



Calling for the Hot Load

- Patient subsets for whom to request a hot load
 - Time critical – where they *really* need what the hospital has to offer



Approaching the Helicopter Safely



Approaching the Helicopter Safely



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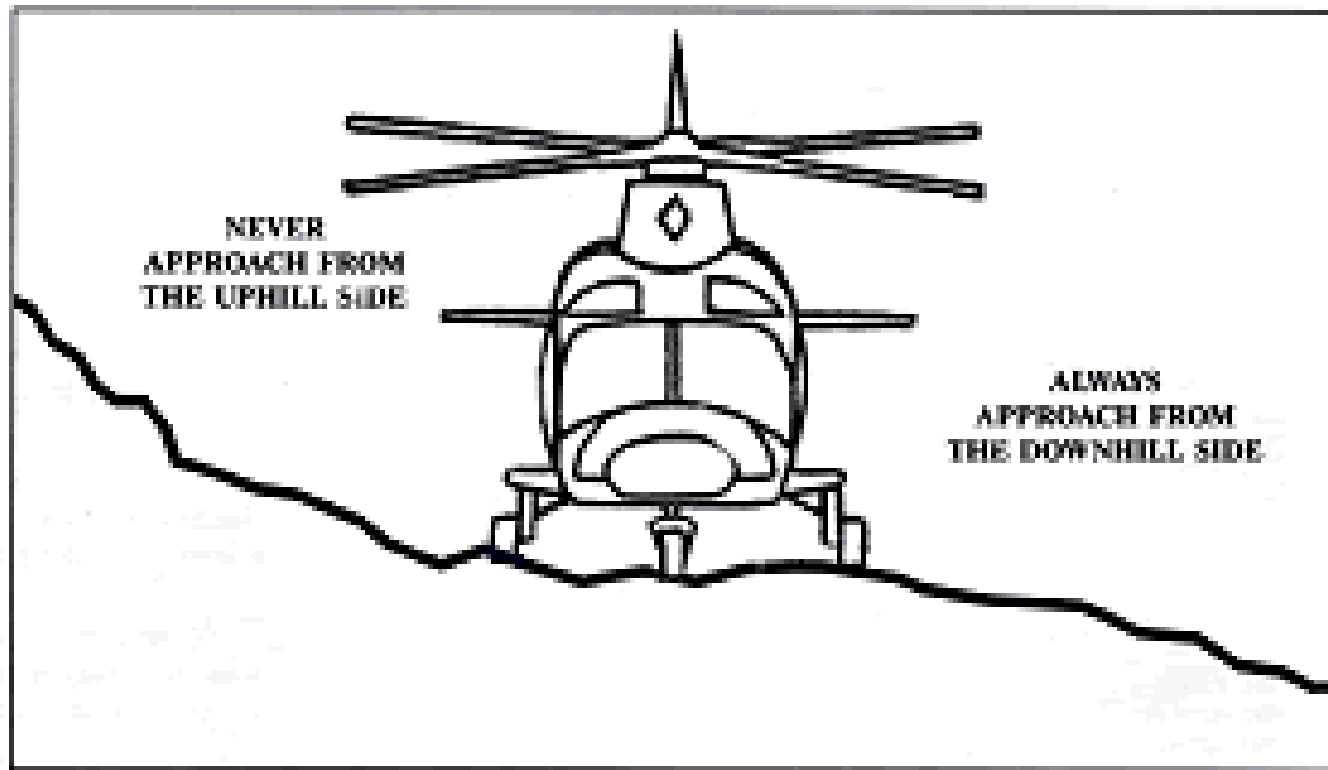
Approaching the Helicopter Safely

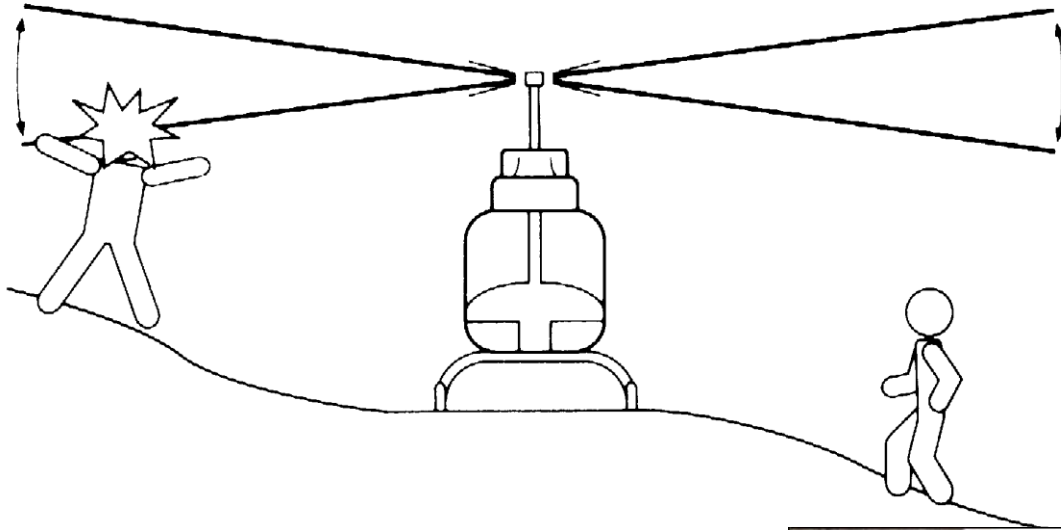


Approaching the Helicopter Safely



Approaching the Helicopter Safely





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<http://media.kval.com/images/110721toe-in660.jpg>

Approaching the Helicopter Safely



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Scene/LZ Considerations



Moving the Patient



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Moving the Patient



Moving the Patient



Loading the Patient

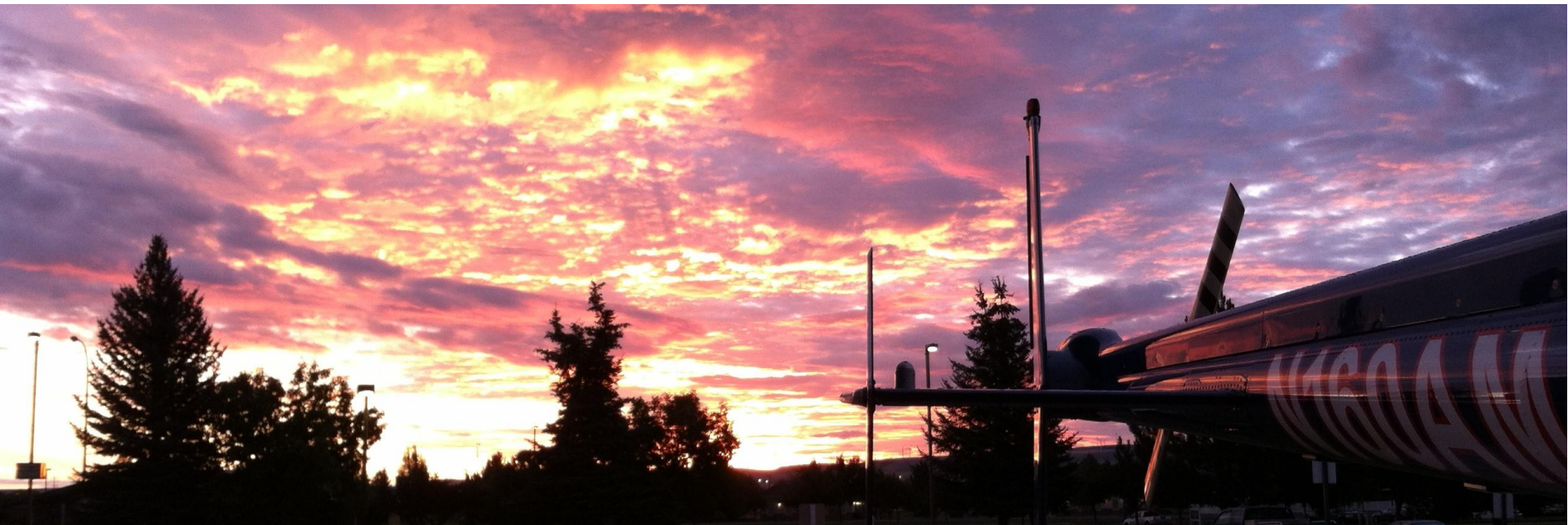


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