

EMS personnel may request Air Medical Transport (AMT) when operational and/or clinical conditions are present that would benefit from decrease in time to definitive care and/or advanced clinical capabilities offered by the AMT team.

The use of AMT is determined by the prehospital provider with the highest medical level providing patient care. It should not be determined by police or bystanders.

AMT does not require approval of on-line Medical Control. However, if in doubt of the appropriateness of a patient for AMT, please contact Medical Control as soon as possible.

Operational Conditions

- When a patient meets the defined clinical criteria listed below and the ground transport time to the closest hospital capable of providing definitive care (e.g., Level 1 or 2 trauma hospital, PCI center, stroke center) exceeds the ETA of air medical transport, **OR**
- Patient location, weather, or road conditions preclude the use of ambulance, **OR**
- Multiple patients are present that will exceed the capabilities of local hospital and agencies.

Clinical Conditions

- Severe respiratory compromise with respiratory arrest or abnormal respiratory rate.
- Circulatory insufficiency: sustained systolic blood pressure <90mmHg in adults, age appropriate hypotension in children or other signs of shock.
- Neurologic compromise: total GCS \leq 13, or motor component <5. If the patient's neurologic status improves above these limits, consider canceling the helicopter and transporting to the local hospital.
- Trauma: All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee; chest wall instability or deformity (e.g., flail chest); two or more proximal long-bone fractures; crushed, degloved, mangled, or pulseless extremity; amputation proximal to wrist or ankle; pelvic fracture; open or depressed skull fracture; paralysis.
- Major burns with greater than 20% BSA and/or inhalation injury with risk of airway compromise.
- Electrocution injuries with loss of consciousness, arrhythmia, or any respiratory abnormality.
- STEMI: If 12-lead ECG indicates a STEMI (e.g., machine reads ***Acute MI Suspected*** and/or Paramedic interpretation), per your local STEMI plan.
- Stroke: 1 or more abnormal signs of the stroke scale; per local stroke plans.
- Critically ill children, including those with acute decompensation of chronic and/or special healthcare needs.

Additional Notes

- Patients with an uncontrolled airway or uncontrollable hemorrhage should be brought to the nearest hospital unless advanced life support (ALS) service (by ground or air) can intercept in a more timely fashion.
- AMT is **NOT** indicated for patients in cardiac arrest. Should the patient go into cardiac arrest after AMT request the AMT crew may be utilized for resuscitation and stabilization.
- AMT is **NOT** indicated for a contaminated patient until **AFTER** decontamination.
- AMT may be indicated in a wide range of conditions other than those listed above. In cases where the patient's status is uncertain, **consult with Medical Control** and proceed as directed.
- Transfers from ground-ambulance to air-ambulance shall occur at the closest appropriate landing site, including a hospital heliport, an airport, or an unimproved landing site deemed safe per pilot discretion. In cases where a hospital heliport is used strictly as the ground-to-air ambulance transfer point, no transfer of care to the hospital is implied or should be assumed by hospital personnel, unless specifically requested by the EMS providers.

