

HELICOPTER TRIAGE GUIDELINES



The goals of the helicopter transport are to:

- ✓ Decrease transport time to definitive care
- ✓ Provide on-scene and en route critical care capabilities where such care is otherwise unavailable.
- ✓ Provide integrated support in multiple casualty incidents.

Spokane County's current helicopter emergency transport service is **Northwest MedStar**. The helicopter service is responsible for judging if weather conditions and local terrain are suitable for helicopter transport and notifying the appropriate EMS agency. Selection of a safe landing zone should be accomplished with regard to the **Helicopter Safety Reference** section.



DISPATCH PROCEDURE:

Dispatch of the helicopter is done through the local fire service dispatch. The dispatched helicopter should communicate on the radio frequency of the dispatching agency, unless otherwise specified by dispatching agency. Non-EMS agencies in Spokane County requesting dispatch of the helicopter will notify the fire service dispatcher covering the area where the incident is located, who will in turn notify EMS field providers.

INDICATIONS

1. Helicopter transport should be requested when transport time to the appropriate facility may be reduced by more than 15 minutes and meets one or more of the following criteria:
 - A. Vital signs and level of consciousness
 - ✓ Shock: Systolic Blood Pressure < 90
 - ✓ Respiratory Distress: Respiratory Rate < 10 or > 29
 - ✓ Altered Mentation: **Glasgow Coma Score** <13
 - B. Anatomy of Injury
 - ✓ Penetrating injury of head, neck, torso, or groin

- ✓ Combination of burns > 20% of total body surface or involving face, airway, hands, feet, or genitalia
 - ✓ Amputation above wrist, ankle
 - ✓ Spinal cord injury
 - ✓ Flail chest
 - ✓ Two or more obvious proximal long bone fractures
2. Consider air transport if the following conditions or risk factors apply. The potential for severe injuries is more likely as multiple risk factors apply.
- A. Biomechanics of injury
- ✓ Death of same car occupant
 - ✓ Ejection of patient from enclosed vehicle
 - ✓ Falls > 20 feet
 - ✓ Pedestrian hit at > 20 mph or thrown 15 feet
 - ✓ Rollover
 - ✓ Motorcycle, ATV, or bicycle accident
 - ✓ Extrication time > 20 minutes
 - ✓ Significant intrusion
- B. Comorbid factors
- ✓ Extremes of age (< 12 or > 60 years old)
 - ✓ Hostile environment (extremes of heat or cold)
 - ✓ Medical illness (such as **COPD**, CHF, renal failure, etc.)
 - ✓ Presence of intoxicants
 - ✓ Second/third trimester pregnancy
- C. Unstable medical problems
- ✓ Airway problems with concern for possible obstruction
 - ✓ Breathing problems with respiratory distress and SaO₂ < 90%
 - ✓ Circulatory problems, including:
 - Chest pain, with possible acute MI
 - Unstable cardiac dysrhythmias

- Internal bleeding with unstable vital signs
- ✓ Acute Stroke
- ✓ Altered level of consciousness
- ✓ Significant environmental incidents with unstable patient, including:
 - **Drowning**
 - **Hypothermia**
 - CO poisoning
- ✓ Imminent birth

ADDITIONAL INDICATORS

- ✓ Emergency care provider's judgment of injury or illness severity.
- ✓ Multiple casualty incidents that exceed ground transport capabilities.
- ✓ Difficult or unusual terrains where helicopter abilities may be of benefit.
- ✓ Unusual or hazardous road conditions.

PATIENT DESTINATION: Patient destination will be determined by the following, in descending order of priority:

1. General:
 - A. Patient or family request
 - B. Prior MD to MD or MD to hospital arrangements
 - C. MedStar rotation
2. For major trauma patients, the trauma triage procedure should be followed.

AUTHORITY: The First Responder, EMT, paramedic, or flight nurse arriving on-scene will be in charge. During transport, the flight nurse will be in charge of patient care.