

Interfacility Flight Considerations

Information needed when requesting a flight

- Patient's name, age, and date of birth
- Patient's weight
- Chief complaint/diagnosis
- IV medication infusions
- IVs and fluids being given
- Airway: Is the patient intubated? On room air? Nasal cannula? Non-rebreather? How many liters? Imminent intubation needed?
- Vital signs
- Special equipment needed – ventilator, blood products, invasive line monitoring, etc.

Remember that this is an “ideal” list. It is not always possible to have all of the above information, but the more information you are able to give us about the patient, the more prepared we can be to assist you when we arrive.

Preparing the patient for the flight crew

- Documentation
 - Patient face sheet (two copies)
 - Consent to transfer (two copies)
 - Nursing notes, labs, etc.
 - We have two forms that we will have to get signed after we arrive
- Full patient report to the flight crew
- Call report to the receiving facility
- IV access (one is acceptable)
 - Multiple access is always appreciated
 - IV secured
 - How much IVF the patient received PTA of flight team
- Place on a nasal cannula –most patients will need supplementary oxygen for the flight
- Foley catheter or an empty bladder prior to transport
 - We will ask for output
- Clothes removed and hospital gown on
- We prefer that patient's valuables/clothes be sent with family
- We usually medicate our patients with Zofran before flight
- Intubated patients
 - ETT secure
 - Gastric tube (our ICU prefers orogastric, but either is fine)
 - C-collar to decrease chance of ETT becoming dislodged with multiple transfers (we can always put that on after we arrive)

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Pre-Hospital Flight Considerations

Information needed when requesting a flight

- Location of scene/GPS coordinates
- Number of patients on scene
- Patient's actual weight or estimate
- Patient's age or estimate
- Chief complaint/mechanism of injury
- Airway: Is the patient intubated? Imminent intubation necessary? On room air or other adjunct like nasal cannula or non-rebreather? How many liters?
- Vital signs
- Any medications or interventions done
- Any special equipment needed
- Pertinent scene information: mass casualty, death on scene, HAZMAT, etc.
- A radio frequency for ground contact
- The patient's name and date of birth (if known)

Remember, this is an "ideal" list. It is not always possible to be able to know all of the above, but the more information that you can give us about the patient and the scene, the better prepared we can be to assist you when we arrive.

Preparing the patient for the flight crew

- Documentation – we have a form that needs to be signed
- Full report to the flight crew
- IV access (if in your scope of practice) – one access point is acceptable
 - Multiple access points are appreciated
 - IV is secured
 - How much IVF the patient received PTA of flight team
- Place on supplementary oxygen
- We usually medicate our patients with Zofran before flight
- Intubated patients (if in your scope of practice)
 - ETT secured
 - C-collar to decrease chance of ETT becoming dislodged with multiple transfers
- Patients on a backboard
 - Make sure the backboard is tapered
 - Make sure the feet are placed on the tapered end
 - Secure any loose items of clothing, sheets, or blankets underneath the backboard straps

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LZ CONSIDERATIONS

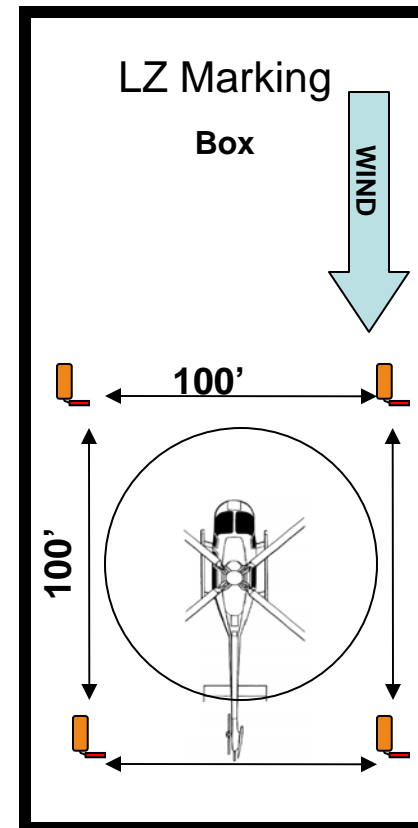
- **Size-** (Preferred is 100' x 100')
- **Surface** – (Max slope 8°, firm, advise of snow, dust...)
- **Obstructions** – (Fences, Wires, Towers, Signs, Birds)
- **Accessibility** - (take note of what is between the patient and the landing zone; you'll need to carry him/her to the helicopter)
- **Weather** – (Winds, Visibility, Snow, Smoke)
- **HAZ-MAT** – (Advise pilot of any HAZMAT, patient must be decontaminated prior to transport)

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- Keep LZ clear from pedestrian and auto traffic
 - Keep public back 300 Ft
 - Keep rescue apparatus back 100 Ft.
 - Do not allow any vehicle or pedestrian traffic near the LZ from prior to landing until they have taken off.
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Approaching the helicopter

- **When approaching the aircraft always make eye contact with the pilot and approach at the pilots signal.**
- Never go near the tail rotor - running or not
- Always walk around the front of the helicopter
- Never approach the helicopter while the blades are turning, unless you are escorted in by a flight crew member
- No smoking within 50' of the helicopter

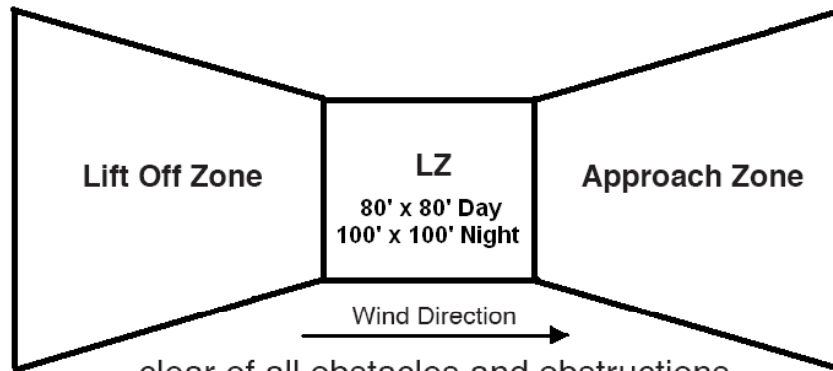
- Always establish landing and take-off direction into the wind.
- Ensure approach and departure path are free of obstacles.
- Turn-on / enable light source when aircraft is 5 minutes from arrival.
- Advise the pilot of the LZ considerations on contact and type of LZ marking being used.
- Pilot-in-Command will make the final decision of landing direction and location.



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Landing Zone Information



clear of all obstacles and obstructions

HAZARDS TO WATCH FOR & NOTIFY THE FLIGHT TEAM

- ➔ Obstructions: Trees, Telephone Poles, Antennas, Powerlines/Wires (If able, spotlight poles)
- ➔ Obstacles: Loose Debris, Signs, Livestock, Bystanders
- ➔ Wires & Wind: Direction & Speed

When in Doubt, Point it Out!!

