Montana Air Medical Activation Guidelines Criteria for Consideration of Air Medical Transport (AMT)

The decision for mode of transport for both field and inter-facility transfer patients is based on the premise that the time to definitive care and quality of care are critical to achieving optimal outcomes. Factors of distance, injury severity, road conditions, weather, geography and traffic patterns and skills of transport team must be considered when choosing between air or ground transport. **Flight should be considered when the potential benefit to the patient outweighs the risks associated with air transport.**

Anytime EMS personnel or treating provider determines patient condition may warrant an air transport, AMT can be launched. If patient requires Advanced Life Support (ALS) and none is available, consider launching AMT. **Priority should always be made to move the patient towards definitive care.** This includes EMS personnel activating AMT with goal to rendezvous at nearest facility capable of initial resuscitation or other determined safe location. The State Trauma Care Committee supports the ability for prehospital launching of AMT by dispatch, law enforcement, fire, and EMS professionals.

Cancelling Air Medical Transport should be made by the EMS professionals on scene able to evaluate the situation and patient needs. If cancelled, dispatch/transport service should contact the requesting agency/entity (if different from those cancelling) to confirm.

The following patients should be transported preferentially to the highest level of care within the emergency care system that is geographically available

GENERAL CRITERIA

Mass Casualty Incidents
Transport via ground not feasible due to conditions or remoteness of location
Ground transport would deplete local EMS coverage to critical level
ALS not available locally

MEDICAL

Airway

Unable to maintain airway or in need of ventilatory support/advanced airway
Concern for potential loss of airway (ie. Angioedema/anaphylaxis, overdose)

Breathing

Apnea, Respiratory distress, bradypnea or tachypnea
Hypoxia (SpO2 <88%) despite supplemental oxygen
Pediatrics-Grunting/Nostril Flaring/Retractions or stridor

Circulation

Unstable Chest pain/SOB
Cardiac arrest
SBP<90 in adults or age-specific hypotension in children

Disability

GCS<13, unresponsive to verbal on AVPU
Concern for stroke: new onset within 24 hours of facial droop, weakness/numbness, slurred speech

TRAUMA

Airway

Unable to maintain airway or in need of ventilatory support/advanced airway
Concern for potential loss of airway (ie. Burns, neck/facial injuries)

Breathing

Apnea, Respiratory distress, significant bradypnea or tachypnea
Hypoxia (SpO2 <88%) despite supplemental oxygen
Decreased breath sounds, flail chest, sucking chest wound, chest deformity
Pediatrics-Grunting/Nostril Flaring/Retractions or stridor

Circulation

SBP<90 in adults or age-specific hypotension in children
Uncontrollable life-threatening bleeding

Disability

GCS<13, unresponsive to verbal on AVPU
Paralysis/weakness/numbness

Extremities

Amputations/near amputations (not including digits)
De-gloving injuries
Fractures/injuries with signs of vascular compromise

Penetrating/crush injuries to the head, face, neck, chest, abdomen or groin
Rigid abdomen or significant abdominal bruising
Unstable pelvic fracture
Burns involving head/face/groin/circumferential or major burns to any body part

Dangerous Mechanisms of Injury:

MVC with:
- Death in passenger compartment
- Ejection from automobile
- Prolonged extrication
- Train vs. automobile

Automobile vs. pedestrian
Multiple patient incidents
(Near) Drownings
Traumatic Asphyxiation
Fire/smoke exposure with decreased level of consciousness