

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/terrain and traffic patterns must be considered when choosing between air or ground transport.

The skill level of the transport team must also be considered.

The potential benefit to the patient should outweigh the risks associated with air transport

The following patients need to go by air or ground to the closest appropriate facility capable of resuscitation

General Criteria

- Unable to maintain patent airway or need for ventilatory support
- Need for advanced airway
- Respiratory Failure with inability to control breathing and/or intubated
- Unable to control bleeding
- BP < 90 systolic at any time in adult patient or age-specific for children
- Paralysis
- Major burns to any area of body
- Patients in remote locations inaccessible in a timely manner by ground EMS
- Mass/Multiple Casualty incidents with potential to overwhelm current resource capabilities.
- Depletion of EMS coverage to area if ground transport was to be utilized
- Request by trained Emergency responders

Head/Face/Neck

- GCS \leq 9
- Unresponsive on AVPU scale
- Pediatrics; unresponsive to Voice on AVPU
- Penetrating or crush injury to head or face
- Neurologic deficit with numbness, tingling, or loss of function to one side of body
- Penetrating or crush injury to neck

Chest

- Respiratory Distress
- Apnea; any patient
- RR < 10 or > 35
 - Infants (less than 1 year old) - RR < 20
 - Pediatrics - RR < 10 or > 60
- Cyanosis
- Hypoxia with oxygen saturations < 88 percent with oxygen therapy
- Chest Pain and/or ST Elevation on EKG

- Penetrating or crush injury to chest
 - Sucking chest wound
 - Signs of Tension Pneumothorax
 - Hypotension
 - One sided decrease in breath sounds
 - Distended neck veins
 - Subcutaneous emphysema
- Signs of Flail Chest
 - Paradoxical movements of chest wall
 - Extreme pain on inspiration
- *Pediatric specific*
 - Bradycardia
 - Respiratory Distress
 - Agitation
 - Decreased Level of Consciousness
 - GFR – Grunting – Flaring – Retracting

Abdomen/Pelvis

- Penetrating or crush injury to abdomen/pelvis
- Rigid abdomen
- Pediatrics; bruising of abdomen
- Increasing abdominal girth
- Unstable pelvic fracture
- Major burns to groin

Extremities

- Amputations/near amputations above wrist/ankle
- De-gloving injuries
- Any penetrating injury or open wound with signs of vascular compromise distal to injury
- Decreased or absent pulse/movement/sensation

Consideration for cancelling Air Medical Transport should be made by EMS professionals on scene able to evaluate the situation and patient needs;

- A. Trained EMS with full report. Discretion will still go to the AMT team as to whether they will continue to the scene
- B. If canceled, initial/requesting agency/entity will be contacted for information
- C. Depending on circumstances, AMT may choose to cancel for medical reasons or lack of on-scene resources OR may continue on to scene for patient evaluation

Optimal communications will enhance the decision process