



1-800-743-1334

Adult Patient(s) -16 years and up Preflight Preparation for AMT Activation

Trauma and Non-Trauma

AIRWAY

- **Intubation** is essential if there is any concern about oxygenation, ventilation, obstruction or altered level of consciousness or concern about pending airway compromise (e.g. inhalation thermal injury).

Breathing

- **Oxygen** is essential, to keep O2 saturation appropriate (>95%)
- **Chest Tubes** pre-flight are essential if there is evidence of pneumothorax, hemopneumothorax, significant post-traumatic SQ emphysema, or significant post-traumatic pulmonary contusion. Generally, in adult trauma patients with indications for chest tube insertion, a larger chest tube is most appropriate (28-32 Fr.). In a non-trauma patient where only air is to be drained, a smaller sized tube is acceptable.

Circulation

- **IV access:** Secure two large bore IV sites for transfer of the critically ill adult
- **Fluids:** Generally, normal saline is the fluid of choice for resuscitation and transport unless contraindicated
- **Blood Products:** If blood products are being given, the crew will take them with the patient on the transport

- **Monitoring:** Cardiac monitoring, oxygen saturation, temperature and blood pressure as indicated. A Foley catheter with urine output monitoring is very helpful
- **Pelvic Splinting:** In a hemodynamically unstable patient with a suspected pelvic fracture, external immobilization of the pelvis can be obtained with the use of a tightly wrapped sheet around the pelvis.

Other

- **Consider:** NPO and use of orogastric or nasogastric tube pre-transport
- **Lab Work:** Any recent lab work including CBC, lytes, BS, blood gases.
- **X-Rays:** Chest x-ray is of most importance. C-spine and pelvis if possible but not essential

Note:

All trauma patients will remain in or be placed in full c-spine immobilization and on spinal board for transport as per transport protocol.

The Transport Team Will Require the Following Prior to Leaving

- Photocopy of the patient's prehospital record, hospital chart, a signed consent to transfer care, relevant X-rays/CTs, a brief transport note from the referring MD and name of accepting MD and place of patient destination.

Note:

A family member may request to accompany the patient during the transport. Many factors influence this decision such as; weight restrictions, number of medical crew, weather conditions, and safety. Please discuss this issue or any other concerns with the Air Medical Crew.