



1-800-743-1334

Tips for Preparing the Critically Ill or Injured Patient for Flight

Airway Tips

It is better to intubate a patient who might lose their ability to protect their own airway in a controlled setting than to have to intervene in transport in a less controlled environment.

- Have backup plans for difficult intubations (Bougie, LMA, Combitube, Lightwand, etc).
- Confirm tube placement and positioning via ETCO₂, Sats, and X-Ray.
- Document cm at the lip
- Double secure ETT
- Place air in the ETT cuff vs water
- Do not cut ETT especially with burns

Breathing / Ventilation Tips

- Ventilate with constant ETCO₂, ECG & Sat monitoring
- Adequate paralysis / sedation can improve ventilation
- Monitor for changes in patient condition such as pneumothorax
- Full circumferential burns of the chest may require an escharotomy in consultation with the AMT MCP

Circulation Tips

- Aim to restore adequate BP, HR and Sats
- Use blood products if no response to aggressive crystalloid resuscitation
- Be aware of hypothermia: warm blood, fluids, blankets, etc.
- Use "Parkland Formula" (2-4cc x kg x % BSA) as a guide for fluid resuscitation of burns
 - **50% given over first 8 hrs***
 - **50% given over next 16 hrs***
 - ***from the time of burn injury**
- Consider inotropic support after adequate fluid and blood product resuscitation
- Document fluid intake and output

Spinal Immobilization Tips

- All trauma patients should be fully immobilized
- Fully restrain patients so you can easily log roll them in case of vomiting
- Fully restrain obstetric trauma patients to allow the patient to be transported in the left lateral recumbent position

Splinting & Dressing Tips

- For femur fractures: use short style traction splints – no weights
- New casts must be bivalved for air medical transport
- Burn dressings must be sterile and dry
- Outline hematomas with a pen if clotting factors are abnormal

Tube Tips

- Double secure all tubes
- Securely tape all connections between hoses
- Place a Foley drainage bag on most tubes collecting fluids
- Place a Heimlich valve on all chest tubes relieving air
- Do not cut ET tubes
- Secure tubes to prevent them from being kinked

Line Tips

- Double secure all lines
- Use extension sets if possible
- Label and number IV lines with solution/drug type
- Move roller clamp up towards bag
- Do not cover the IV site or injection port
- Use arm boards (when necessary) to keep IV site patent

Sedation / Analgesia Tips

- Provide basic pain control measures to trauma patients
- Treat pain syndromes in all patients
- If patient is combative, suspect hypoxemia and / or head injury vs. ETOH alone

Early Activation is Crucial – Call Immediately

Remember that these are only guidelines. Refer to the appropriate section of this manual for specifics regarding patient ages, illness or injuries. Contact the AMT medical Control Physician

for specific patient treatment inquiries and suggestions on how best to prepare the patient for transport: 1-800 743-1334.