



Operated by REACH Air Medical Services

## Preparation of the Patient for Air Transport

### Call Early.

Even if the receiving facility and/or receiving physician have not been identified, consider contacting the Methodist Patient Placement Services to initiate the transfer process:

**At your request, Methodist Patient Placement Services will assist in making arrangements for the receiving facility, physician and transport.**

- Early notification allows the pilot to initiate the required weather checks and other pre-flight procedures **saving valuable time**.
- Please be prepared to provide a potential destination location. This assists the pilot when conducting weather and fuel planning procedures.
- In extremely time-critical situations, Methodist AirCare may be able to respond to your facility **prior to confirmation** of accepting facility and accepting physician.

**877-575-2368**

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# Critical Trauma Patient

### *In addition to general preparation procedures:*

- **Ensure patient is adequately immobilized** (*cervical collar, spineboard and/or extremity splints*).
  - Even in the presence of normal x-rays or CT scan, to be “cleared” clinically under most Trauma Center guidelines, spinal precautions should be maintained.
- Even if a “small” pneumothorax is confirmed or suspected, **consider placement of a chest tube**.
  - Flying at altitude may increase even the “small” pneumothorax.
  - Generally, flights below 4,000 feet will not adversely affect the patient. However, every patient responds to altitude differently. If in doubt, discuss with the Methodist AirCare transport team.
- Consider having **blood ready for transport** as outlined above: type specific, type and cross. This is encouraged for the hemodynamically unstable trauma patient.

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## **General preparation once Methodist AirCare has been requested:**

- Complete all Memorandum of transfer paperwork.
- Copy chart, x-rays and all other studies (*i.e.*, CT scans).
- Provide 2 copies of:
  - face sheet
  - pertinent labs
  - ED notes
- Update the Methodist AirCare Communications Center with any new or changing information.

## **Ensure patient and well secured IV access.**

- For unstable patients: 2 large-bore peripheral lines or a central line is preferred.
- Place 3-way stopcocks or extension sets in all IVs, to facilitate rapid transfer to the transport IV pump.

**Provide pain medications** as indicated by the patient's condition.

**Provide anti-emetic medications** as indicated by the patient's condition, or if the patient has a history of motion sickness.

**Have medications ready at the bedside to be sent** with transport team.

## **On transport team arrival:**

- Be prepared to provide report to the transport team:
  - past medical history
  - a brief summary of the history of present illness/hospital course
  - allergies
  - medications given
- Assign a staff member to be available to assist with patient packaging and transfer to the transport litter if possible – ***this expedites the transfer process.***
- Have paperwork & x-rays ready to go.

## **If the patient has an advanced airway in place:**

- Have the most recent chest x-ray & arterial blood gases available for the transport team to review.
- Insert an oro-gastric or naso-gastric tube.
- Have a respiratory therapist or other appropriate staff member available to brief transport team on ventilator settings and any other related issues.

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## High Risk OB Patient

### *In addition to general preparation procedures:*

- Ensure **large bore IV access**. Place two lines if tocolytics infusing or signs of bleeding are present.
- Premature labor – If early labor, complete **vaginal exam** within one hour prior to the transport team arrival. Determine the degree of cervical dilation and effacement and the presenting part degree of descent of the fetus.
- If in the first stage of labor (*latent or active*) conduct a complete vaginal exam and/or ultrasound to determine degree of cervical dilation. Please perform an exam within 1 hour of transport team arrival to patient or, if in late labor, within 15 minutes of transport team arrival.
- Consider placing a **Foley**.

## Pediatric Patient

### *In addition to general preparation procedures:*

- Maintain **normo-thermia** with appropriate warming or cooling measures.
- Check **blood sugar** within one hour of transfer or more frequently as diagnosis dictates.
- Ensure **adequate IV access** with maintenance IV fluid infusion.
- For patients with advanced airways, ensure adequate head and neck immobilization to provide adequate **stability of advanced airway**.

800-277-7428

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## Critical Aortic Emergency (dissection or aneurysm)

### *In addition to general preparation procedures:*

- **Request 2 units of packed red blood cells** (*type specific if possible or O negative*) to send with the transport team.
- Have blood tubing ready and/or hanging.
- Attempt to have a signed physician order for the transfusion accompany transport team.
- Have a licensed staff member available to check blood with flight nurse.
- **Insert a Foley.**
- Ensure placement of **2 large bore lines** or a central line.
- Consider placement of an **arterial line.**

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# Contact Methodist

## Adult Patient Placement and Transport

METHODIST HEALTHCARE  
Patient Placement Services  
[www.SAHealth.com/PPS](http://www.SAHealth.com/PPS)

575-ADMT (2368)

Toll Free:  
877-575-ADMT (2368)

[www.SAHealth.com/PPS](http://www.SAHealth.com/PPS)

## Children's Patient Placement and Transport

Pediatric, Neonatal, Maternal, and Women's Services Patient Placement



800-277-7428

[www.MHSChildrens.com](http://www.MHSChildrens.com)

[www.SAHealth.com](http://www.SAHealth.com)

## Transport



877-575-2368

[www.SAHealth.com/AirCare](http://www.SAHealth.com/AirCare)

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