

Criteria for Air Medical Transport: Adult Patients

Patient: _____ Transport Date: _____ Flight # _____

Referring Hospital: _____ City/State: _____ Loaded Miles: _____

Section 1: Medical Benefits to the Patient

General Criteria for Air Medical Transport

- Distance to the closest appropriate facility was too great for safe and timely transport by ground ambulance.
- Patient's clinical condition required that the time spent in transport be as short as possible.
- Patient's condition was time critical, requiring specific/timely treatment, not available at the referring hospital.
- Potential for transport delay associated with ground transport, was likely to worsen the patient's clinical condition.
- Patient required critical care life support during transport, not available from the local ground ambulance service
 - Monitoring _____
 - Medication _____
 - Personnel _____
 - Special equipment _____
- Patient was located in an area inaccessible to regular ground traffic, impeding ambulance egress or access due to
 - Road obstacles and/or conditions
 - Wilderness rescue or geographic considerations
- Local ground units were not available for long distance transport.
- Use of a local ground transport service would have left the local area without adequate EMS coverage.

Indications for Transfer to an Appropriate Receiving Facility

- Patient required further diagnosis, specialized care and/or timely treatment, not available at the referring hospital.
- Patient required care by physician(s) at a receiving hospital where the patient had previously undergone specialized treatment and where medical records were located which were likely to significantly influence patient care.
- Patient's attending physician requested transport to a specific hospital based on medical needs/continuity of care.

Section 2: Criteria for Critical Care Transport

Medical / Surgical Criteria for Critical Care Transfer

- Patient has unstable vital signs represented by:
 - Respiratory Rate: < 10 or > 30
 - Heart Rate: < 50 or > 150
 - Systolic BP: < 90 or > 200 mmHg
- Respiratory arrest within the past 12 hours
- Unstable or potentially unstable airway
- Patient required mechanical ventilator support or any constant positive airway pressure (CPAP)
- Patient has an indwelling pulmonary artery catheter, intra-aortic balloon pump, arterial line or intracranial pressure monitor
- Patient required diagnostic procedures, specific therapy, or intensive care not available at the referring hospital, for any of the following critical conditions
 - Acute respiratory failure
 - Acute deterioration in mental status
 - Acute cerebrovascular accident in evolution
 - Acute neurologic or neurosurgical emergency
 - Severe hypothermia requiring active therapy
 - Acute hemodialysis
 - GI bleeding
 - Severe poisonings or overdoses
 - Significant acidosis
 - Status epilepticus
 - Complications of cancer and chemotherapy
 - Decompression sickness
 - Life threatening infectious process
 - Dissecting or leaking aneurysm
 - Organ transplantation or procurement

Cardiac Criteria for Critical Care Transfer

- Cardiac arrest within the past 12-48 hours
- Patient had an acute myocardial infarction requiring therapy or diagnostic procedures not available at the referring institution
 - Thrombolytic therapy
 - Cardiac catheterization
 - Intra-aortic balloon pump
- Patient required continuous intravenous vasoactive medications or mechanical ventricular assist to maintain a stable cardiac output
- Uncontrolled life threatening dysrhythmia
- Patient required continuous intravenous anti-dysrhythmia medications or a cardiac pacemaker to maintain a stable cardiac rhythm
- Any unstable cardiac condition requiring urgent cardiac catheterization or cardiac surgery

Obstetrical Criteria for Critical Care Transfer

- Patient required urgent transport to a perinatal center for a high risk obstetrical condition
 - Placenta previa
 - Abruption placenta
 - Eclampsia
 - Pre-eclampsia
 - Premature labor
 - Abnormal fetal lie
 - Uncontrolled maternal diabetes
 - Severe maternal medical illness

Other Criteria / Comments

Section 3

Transfer Diagnosis

Physician Signature