REQUEST TRANSPORT: 888-421-4228

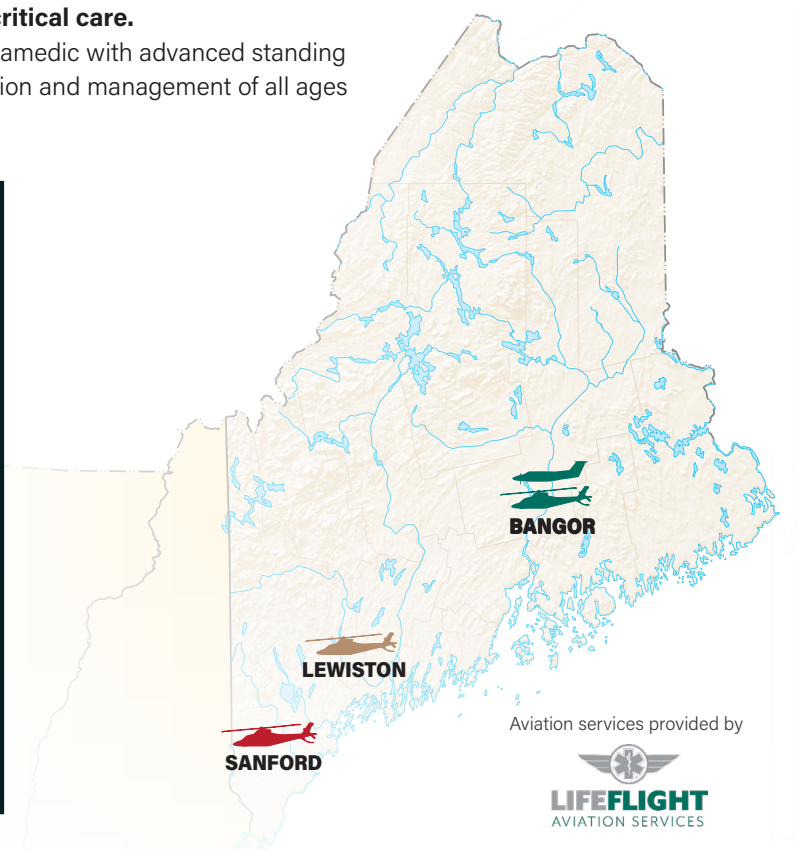
LifeFlight provides services 24/7/365 everywhere in Maine, New England, and beyond

LifeFlight dispatches the closest team to patients needing time-critical care.
Our teams are comprised of a critical care nurse and a critical care paramedic with advanced standing orders and 24-hour physician medical oversight for complex resuscitation and management of all ages (newborns, pediatrics, adults) and types (illness or injury) of patients.

When to call for an interfacility transport

Call LifeFlight when your patient needs:

- Definitive care at a tertiary care hospital
- Ongoing advanced resuscitation during transport
- To minimize out-of-hospital time
- Continuity of care by specialized critical care personnel and equipment



General Criteria for Critical Care Transport

- The patient requires critical care life support (monitoring, personnel, medications, equipment) during transport that is not available from the local ground ambulance service
- The patient's clinical condition requires that the time spent out of the hospital environment (in transport mode) be as short as possible
- The potential for delays or road conditions which may be associated with ground transport is likely to worsen the patient's clinical status
- The patient is located in an area which is inaccessible to regular ground EMS
- The use of local ground transport team would leave the local area without adequate EMS coverage

Preparing the Patient

- Physician certification of medical necessity
- Patient consent
- Demographic / face sheet
- H & P / Discharge summary
- Films / CDs
- EMTALA Transfer Form
- Advance directives
- Labs (last 24 hours)
- Medication records (last 24 hours)

Medical Equipment and Management

- Advanced airway management
- Multi-mode ventilators (all ages)
- Blood and ICU medications
- Invasive cardiac and neurological monitoring
  - invasive (arterial line) and non-invasive bp monitoring
  - central line hemodynamic monitoring
  - continuous SPO_2 monitoring
  - in-line $EtCO_2$ monitoring
  - ICP monitoring capabilities
  - fetal monitoring capabilities
- IV pumps (6 or more channels)
- Pacemaker capabilities
- i-STAT (portable laboratory / ABG and hemogram
- Ultrasound
- Transport isolettes for premature and newborn infants
- Intra-aortic balloon pumps / LVADs / ECMO

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More information and downloadable forms are available at: **lifeflightmaine.org**

Specific Guidelines

Trauma

1. Central nervous system (spinal and brain injuries)
2. Chest (including prolonged ventilation)
3. Pelvis
4. Major extremity injuries with potential for ischemia
5. Multiple system injury
6. Secondary deterioration (late sequelae of trauma)
7. Comorbid factors
8. Evidence of high energy impact with fatality in same vehicle

Adult Medical Surgical

1. Cardiac
2. Other respiratory, medical/surgical, or critical care
   - — Status post cardiopulmonary arrest with need for definitive management capabilities
   - — Patients requiring continuous IV vasoactive medications or mechanical ventricular assist
   - — Patients who may require mechanical ventilator support or are at risk of having an unstable airway
   - — Acute pulmonary failure requiring sophisticated care
   - — Acute ischemic event (extremities, intestinal)
   - — Dissecting, leaking, or ruptured thoracic/abdominal aneurysm
   - — Acute cerebrovascular accident in evolution
   - — Gastrointestinal hemorrhage leading to hypoperfusion or requiring blood transfusion, angiography, etc
   - — Unstable patient with renal failure requiring acute hemodialysis
   - — Severe poisonings or overdoses
   - — Severe hypothermia or hyperthermia requiring immediate active therapy
   - — Uncontrollable seizure activity
   - — Decompression illness or carbon monoxide poisoning requiring hyperbaric oxygen therapy
   - — Significant acidosis not responsive to initial therapy
   - — Patients requiring emergency cardiothoracic, vascular or neurosurgical diagnostic or operative procedures
   - — Complications of cancer and chemotherapy; opportunistic infections with unstable vital signs
   - — Organ donation and transplant

High Risk Obstetrics and Antenatal Care, Pediatrics, Neonatal

Types of Activation

STAT Launch: LifeFlight of Maine (LOM) CCT may be activated and launched for requested transport of patients having time dependent conditions, regardless of receiving bed, destination facility, or accepting physician status and mode of transport. The CCT response must meet standard operational criteria, including weather status, Pilot duty time, and maintenance requirements.

Clinical Indicators for IFT STAT Launch:

- Ischemic CVA, lytic eligible (eligible for clot dissolving drug)
- Trauma, un-stabilized or requiring immediate/imminent operative intervention
- Targeted temperature management, Status Post Cardiac Arrest
- Great vessel disruption or leakage (Aorta, pulmonary artery, vena cava vessels disrupted or leaking)
- Acutely Intubated patient within 24 hours
- Major amputation above wrist or ankle
- Major burn, partial or full thickness with greater than 25% body surface area coverage
- ICH, hemorrhage within the skull (Acute, with significant neurologic or life-threatening impairment)
- Resuscitation with wide open fluids or blood initiated or CPR in progress, medical or trauma
- STEMI, ST segment elevation myocardial infarction where patient will need catheterization lab
- Ischemic limb
- Sepsis with hemodynamic instability (hr > 100 and/or bp < 90 systolic)
- Ocular emergency including ruptured globe, penetrating ocular trauma, or immediate and definable threat to eyesight
- Other time dependent medical condition as determined by attending physician or if resources of referring hospital need additional clinical personnel on site

Pediatrics specific clinical indicators for IFT Stat Launch

- Volvulus
- Intussusception
- Congenital heart anomaly with deterioration
- Bacterial meningitis

Modified Scene: EMS using hospital helipad as a rendezvous point for further transfer.

EMTALA and Hospital Helipads

Additional guidance from the 2004 "State Operations Manual Appendix V - Interpretive Guidelines Responsibilities of Medicare Participating Hospitals In Emergency Cases" (Part II "Interpretive Guidelines" §489.24(a)) clarifies the responsibilities of Medicare participating hospitals with regard to the use of the hospital helipad as a transit point for an EMS service intercept with a medical helicopter. It states:

"The following two circumstances will not trigger EMTALA: The use of a hospital's helipad by local ambulance services or other hospitals for the transport of individuals to tertiary hospitals located throughout the State does not trigger an EMTALA obligation for the hospital that has the helipad on its property when the helipad is being used for the purpose of transit as long as the sending hospital conducted the MSE prior to transporting the individual to the helipad for medical helicopter transport to a designated recipient hospital. The sending hospital is responsible for conducting the MSE prior to transfer to determine if an EMC exists and implementing stabilizing treatment or conducting an appropriate transfer. Therefore, if the helipad serves simply as a point of transit for individuals who have received a MSE performed prior to transfer to the helipad, the hospital with the helipad is not obligated to perform another MSE prior to the individual's continued travel to the recipient hospital. If, however, while at the helipad, the individual's condition deteriorates, the hospital at which the helipad is located must provide another MSE and stabilizing treatment within its capacity if requested by medical personnel accompanying the individual. If as part of the EMS protocol, EMS activates helicopter evacuation of an individual with a potential EMC, the hospital that has the helipad does not have an EMTALA obligation if they are not the recipient hospital, unless a request is made by EMS personnel, the individual or a legally responsible person acting on the individuals behalf for the examination or treatment of an EMC."

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