



# When to Call LifeFlight

## Hospitals

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.

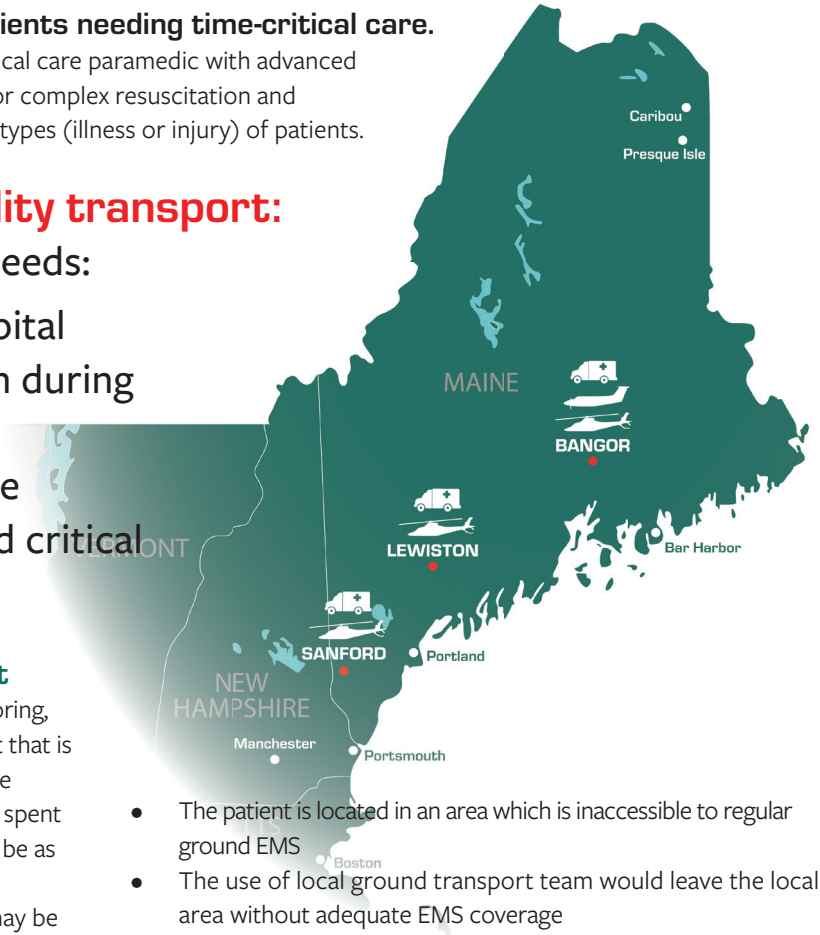
### When to call for an interfacility transport:

Call LifeFlight when your patient needs:



- Definitive care at a tertiary 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



### Maine EMS IFT Decision Matrix

Patient Condition	Example Types of Need	Maine EMS Level of Care
<p><b>Stable with High Risk of Deterioration</b></p>	<p>Patient requiring advanced airway, but secured, intubated, on ventilator, patients on multiple vasoactive medication drips (advanced care +), patients whose condition has been initially stabilized, but has likelihood of deterioration, based on assessment or knowledge of provider regarding specific illness/injury</p>	<p>Critical Care Transport</p> 
<p><b>Unstable</b></p>	<p>Any patient who cannot be stabilized at the transferring facility, who is deteriorating or likely to deteriorate, such as patients who require invasive monitoring, balloon pump, who are post-resuscitation, or who have sustained multiple trauma (critical care or available crew with time considerations)</p>	<p>Critical Care Transport</p> 

**REQUEST A TRANSPORT: 888-421-4228**

- Advanced airway management
- Multi-mode ventilators (all ages)
- Blood and critical care medications
- Invasive cardiac and neurological monitoring
  - invasive (arterial line) and non-invasive bp monitoring
  - central line hemodynamic monitoring
  - continuous SPO2 monitoring
  - in-line EtCO2 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 pump / ventricular assist device / Impella
- ECMO

### Guidelines for Activation

#### Trauma

- Central nervous system (spinal and brain injuries)
- Chest (including prolonged ventilation)
- Pelvis
- Major extremity injuries with potential for ischemia
- Multiple system injury
- Secondary deterioration (late sequelae of trauma)
- Comorbid factors
- Evidence of high energy impact with fatality in same vehicle

#### Adult Medical Surgical

- Cardiac
- Other respiratory, medical/surgical, or critical care

#### High Risk Obstetrics and Neonatal

- Preterm labor
- Placenta previa
- Abruptio placentae
- HELLP Syndrome

#### Pediatrics specific clinical indicators for IFT Stat Launch

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

### STAT Launch

LifeFlight of Maine (LOM) CCT may be activated and launched for requested transport of patients having time dependent diagnosis, regardless of receiving bed, destination facility, or accepting physician status and mode of transport. The LifeFlight team can assist in stabilization, resuscitation, and advanced interventions while a receiving facility is being determined.

#### 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 neurological 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

Scan for  
downloadable forms.

[LifeFlight.me/paperwork](http://LifeFlight.me/paperwork)



Questions or for more information, please contact Kyle Madigan, Director of Client Relations, at [kymadigan@lifeflightmaine.org](mailto:kymadigan@lifeflightmaine.org) or 207-573-6892.

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