AIR MEDICAL INTERFACILITY TRANSPORT CRITERIA

Clinical Situations:
- Patients have diagnostic and/or therapeutic needs which cannot be met at the referring facility &
- Factors such as time, distance, and/or level of care during transport make ground transport unfeasible

TRAUMA: best evidence to support outcome improvements from air medical transport
- Any suspected or confirmed diagnostic consideration listed under “scene” guidelines
- Initial evaluation reveals injuries or potential injuries requiring evaluation & management beyond the capabilities of the referring hospital, such as:
  - Intra-abdominal hemorrhage on CT
  - Aortic trauma suggested by widened mediastinum on chest x-ray
  - Spinal column injury with potential for spinal cord involvement

CARDIAC:
- Acute Coronary Syndrome (ACS) with time-critical need for urgent intervention (e.g., STEMI)
- Cardiogenic shock
- Cardiac tamponade
- Mechanical heart disease
  - Acute cardiac rupture
  - Decompensating valvular heart disease

NEUROLOGICAL:
- Central Nervous System hemorrhage
- Spinal cord compression by mass lesion
- Evolving ischemic stroke

OTHER CONSIDERATIONS: TRANSPLANT
- Patient has met criteria for brain death & air transport is necessary for organ salvage
- Organ and/or recipient requires air transport to the transplant center in order to maintain viability of time-critical transplant
CRITICALLY ILL MEDICAL/SURGICAL PATIENTS:
• Pre-transport cardiac or respiratory arrest
• Requires continuous IV vasoactive medications or mechanical ventricular assist to maintain cardiac output
• Risk for airway deterioration
• Acute pulmonary failure and/or requirement for sophisticated pulmonary intensive care
• Severe poisoning or overdose
• Emergent dialysis requirement
• GI hemorrhage with hemodynamic compromise
• Surgical emergencies (e.g., fasciitis, aortic dissection / aneurysm or extremity ischemia)
• Pediatric patients for whom the referring facility cannot provide required evaluation and/or therapy

OBSTETRIC: Balance out-of-hospital time with intra-transport delivery risk
• Reasonable expectation that delivery of infant(s) may require ob or neonatal care beyond the capabilities of the referring hospital
• Active premature labor or acute abdominal emergency (likely to require surgery) with:
  - Estimated gestational age is <34 weeks or
  - Estimated fetal weight is <2,000 grams
• Severe pre-eclampsia or eclampsia
• 3rd trimester hemorrhage
• Fetal hydrops
• Maternal medical condition that may cause premature birth
• Severe predicted fetal heart disease

NEONATAL: Consider if ground transport out-of-hospital time would exceed 30 minutes and:
• <30 weeks gestational age
• Body weight <2,000 grams
• Requirement for supplemental O2 >60%, CPAP or mechanical ventilation
• Extra-pulmonary air leak, interstitial emphysema or pneumothorax
• Medical emergencies (e.g., seizures, CHF or DIC)
• Surgical emergencies (e.g., diaphragmatic hernia, necrotizing enterocolitis, abdominal wall defects, intussusception, suspected volvulus or congenital defects)