

# Guidelines for Preparation of Trauma Patient for Transport



The medical crew will attempt to ensure that all of the following are performed:

1. Secure airway – as deemed most appropriate by the medical crew factoring injury, transport time, etc.
2. One or two appropriately sized IV lines as needed initiated - do not delay transport of a "load and go" patient for IV access.
3. Patients with altered mental status and potential to become violent will have bilateral soft wrist and ankle restraints applied and secured to the cot.
4. Nasogastric tube (if indicated) - do not delay transport in order to place NG.
5. Cardiac monitor and pulse oximetry is initiated.
6. Blankets/warming measures are initiated as indicated.
7. Other equipment/procedures are initiated as indicated.
8. Institutional transfers:
  - It is preferable that the referring and accepting physicians confer prior to the patient's departure. Copies of patient medical records, radiograph copies, EMS run sheets and **transfer forms/consents** are transferred with the patient.
  - **All patients must have a completed physician certification form** that includes the reason the patient is being transported by Life Flight or Mobile Life. In addition, the form must be completed accurately and completely.
  - **An ABN Form should be completed on Medicare patients.**
  - Nursing report and any medical updates can be reported to the receiving institution after Critical Care Transport departure.
  - The patient is informed of the procedure and verbalizes consent (if competent).
  - Family members are apprised of the situation and have directions to the receiving institution. (Family members will not be transported as a passenger except at the discretion of all transport crewmembers.)

9. All trauma patients with a mechanism of injury resulting in the potential for spinal injury will be secured as follows:
  - Backboard
  - Cervical collar
  - Cervical Immobilization Device (Ferno, Blanket Rolls, etc.) with forehead and chinstraps.
  - Secured with straps at chest, hip, and knee levels.
  
10. Splints of the lower extremities (i.e. Sager/Hare traction) **may have** to be removed to allow for patient positioning in the aircraft.
  
11. Family members are apprised of the situation and have directions to the receiving institution. (Family members will not be transported as a passenger except at the discretion of all transport crewmembers.)