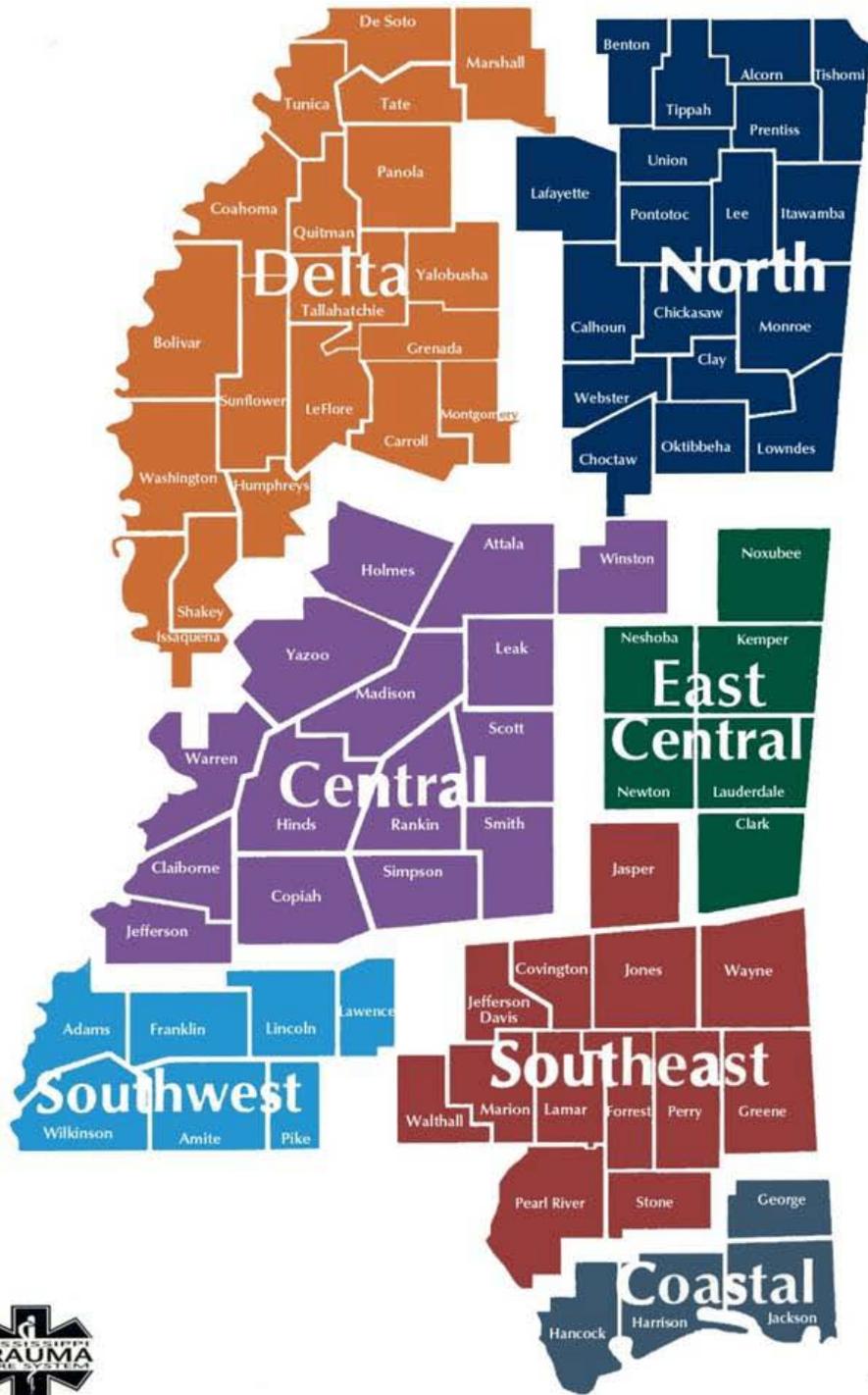


Appendix A – Trauma Care Regions



Appendix B-1 Pre-Hospital Air Medical Utilization Guidelines

CONSIDER Air medical transport when the patient condition meets established criteria **AND** the transport time to nearest appropriate hospital will be decreased by utilization of air medical resources

Patients with significant mechanism of Injury that present with any of the following:

- Glasgow Coma Scale of ≤ 13 with a normal CBG and not due to intoxication
- Systolic Blood Pressure of < 90 mmHg for ages ≥ 11 years or:
 - < 1 month SBP < 60 mm/Hg
 - 1 month to 1 yr SBP < 70 mm/Hg
 - > 1 year to 10 yr SBP < 70 mm/Hg + (2 x age in yrs)
- Respiratory rate < 10 or > 29 breaths/min; respiratory distress, impending respiratory failure, or need for ventilator support
- Need for emergent airway intervention
- Penetrating injuries to head, neck, torso, and extremities proximal to elbow or knees
- Unstable chest wall, instability, subcutaneous emphysema
- Two or more proximal long bone fractures
- Crushed, de-gloved, or mangled extremity
- Amputation proximal to wrist or ankle
- Suspected pelvic fracture secondary to trauma
- Open or depressed skull fracture
- Paralysis secondary to trauma
- Burn $> 20\%$ BSA or with inhalation injury

Additional considerations for Air Medical utilization:

- Patient is in a geographically isolated area with reasonable suspicion the patient will require transport to a Level I or II trauma center
- Transport by ground would compromise the resources of the local EMS provider