

Proposed Helicopter Early Launch Process Guidelines: Trauma*
For Discussion at Trauma Task Force Meeting
March 25, 2009

Definition: Helicopter Early Launch Process (HELP) is the request for an air ambulance response prior to EMS arrival on scene.

I. Trauma Patient: The Helicopter Early Launch Process for the trauma patient should be considered when transport by ground EMS to the closest appropriate trauma center will require greater than 30 minutes [is greater than **20** minutes from the ill or injured patient] **and one or more of the physiologic criteria and** one or more of the anatomical criteria below are met:

A. Physiologic Criteria

- Systolic BP < 90, adults PEDS: < 70 0-12 months, <80 1-5 yrs, <90 6-12 yrs) or
- GCS < 14 or
- Respiratory Rate < 10 or >29, adults. PEDS: >60 0-12 months, > 44 1-5 years, >30 6-12 years, > 22 13 years or older
- HR > 120, adults, PEDS:>160 0-12 months, >130 1-5 years, >115 6-12 years, >100 13 or older

B. Anatomical Criteria

- All penetrating injuries to head, neck, torso, (boxer shorts or groin?) and extremities proximal to elbow and knee
- Airway compromise or obstruction, flail chest, hemo- or pneumothorax, patients intubated on scene
- Two or more long-bone fractures
- Crush, degloved, pulseless or mangled extremity
- Amputation proximal to wrist and ankle
- Unstable? Pelvic fractures
- Open or depressed skull fractures
- Paralysis or signs of spinal cord or cranial nerve injury
- Active or uncontrolled hemorrhage
- Major burns > 20% BSA or any signs of inhalation injury
- Amputation distal to wrist or ankle of two or more digits
- All Open fractures
- Emergency Medicine Attending discretion
- PEDS: Maxillo-facial or upper airway injury
- PEDS: Burns of 10% BSA or more, chemical, electrical, circumferential, flame burns of face, or any signs of inhalational injury

C. Mechanism of Injury?

*Modified 3/17/09 from Guidelines developed by the MO Air Ambulance Subcommittee of State Advisory Council, 1/27/09. Modified to match work done by Trauma Task Force on Trauma Classification Criteria and Field Triage Protocol

Black= Expert panel convened by CDCP & NHTSA; based on decision scheme originally developed by ACS COT; close to verbatim
Blue= Pediatric specific
Red= MO; combination of Central (MU), KS, and East Central Region protocols

II. Burn Patient

1. Greater than 20% body surface area burned
2. Inhalation Injury (closed space – facial burns)

III. Medical Patient

1. Severe Chest Pain and/or suspected STEMI
2. Uncontrolled Bleeding
3. Poisoning/overdose, especially with decreased level of consciousness
4. Respiratory distress
5. Anaphylaxis/severe allergic reaction
6. Significant mental status change
7. Continuous seizure

IV. Suspected Stroke

V. STEMI patient

II. An air ambulance should be considered when it will assist the Time Critical Diagnosis patient in arriving at the appropriate facility during the time window specific to the disease.

III. Local HELP policies and procedures should be established with the approval of the ground emergency medical response agencies and consistent with existing Revised Statutes, Chapter 190, Emergency Services Section 190.134.

Note: These guidelines were developed by the Air Ambulance Subcommittee to be used by agencies that incorporate early launch into their protocols.