

PATIENT TRANSPORT CRITERIA

Patient Preparation

1. Patient stabilized: **as much as practical, if incomplete then High Risk Move (see below)*

- Injuries controlled
- Resuscitation complete (see below)
- Treatments steady, non-critical
- Deterioration en route prophylaxed

2. Patient packaged: **always do*

- Trauma identity sticker affixed
- Documentation ready for SBAR hand-off
- Lines & tubes anticipated, secured
- Send-along drugs, fluids/blood, equipment ready
- Exposure protection: eye-pro, hypothermia prevention, ear-pro
- Military ID/ passport included
- Belongings cleared if accompanying

3. En-route level of care selected:

- ICU-level/non-stabilized/high risk patient = gold standard* team
- Flight Paramedic (+/- ECCN)

*gold standard = multiperson, intensivist-led, qualified/current/proficient

Resuscitation Goals

1. Heart Rate 50-120 /min
2. SBP >90 mm Hg (MAP >60 mm Hg)
3. SaO₂ >92%, FiO₂ required <50%
4. Temp > 95°F/35°C
5. Urine Output > 50 mL/h
6. Hemoglobin > 8.0 g/dL
7. Platelets > 50k/mm³
8. INR < 2.0
9. Base Deficit < 6
10. Lactate < 2.5 mmol/L

High Risk: stabilization or resuscitation incomplete/ ICU-level patient

1. Optimize resuscitation as much as possible
2. Re-verify patient packaging
3. Require intensivist-led en route critical care team
4. Document reason for transport before full resuscitation, and risk mitigation steps
5. Collaborate with (1) en route team's physician, and (2) local medical director