

# APPROACH AND LANDING GUIDELINES

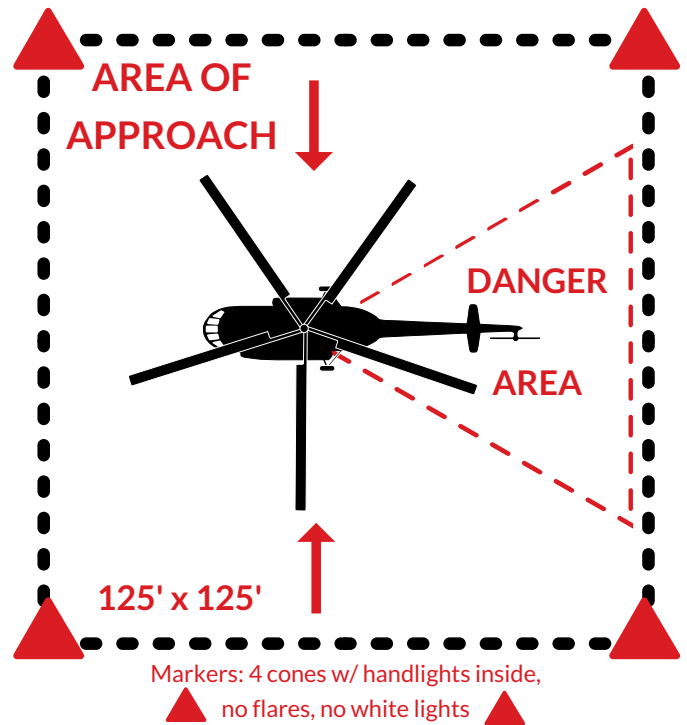
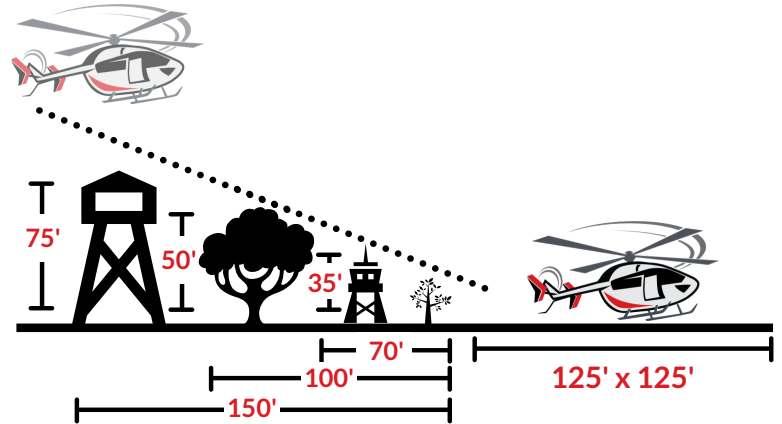
## LANDING ZONES

- REQUESTS
  - Standby
  - Launch
- LANDING ZONE
  - 125ft x 125ft
  - Flat or trim surface
  - Free of overhead obstacles
  - Closest street address, intersection or milemarker
- LANDING ZONE COMMAND
  - Low Band, VHF or UHF
  - 1 point of contact for aircraft
  - Brief LZ description with any cautions or hazards
  - Ensure crowds stay back

## APPROACHING AIRCRAFT

- Charged handlines not required
- "ABORT, ABORT, ABORT" over radio if hazards arise at any point
- Stay clear of tail rotor
- No Smoking within 200ft of aircraft
- Do not approach aircraft without flight crew

## GLIDE PATH CONSIDERATION



FOR TRANSPORTS CALL

**1-800-743-4375**

\*\*\*CALL EARLY FOR STANDBY\*\*\*

**Mercy Flight Central** Your nonprofit air medical program serving the Finger Lakes, Central and Mohawk Valley regions of NY.  
*CRITICAL CARE IN THE AIR*

# GUIDELINES FOR FIELD TRIAGE OF INJURED PATIENTS

## Measure Vital Signs and Level of Consciousness

1

Glasgow Coma Scale  $\leq 13$   
Systolic Blood Pressure  $< 90$  mmHg  
Respiratory Rate  $< 10$  or  $> 29$  breaths per minute or need for ventilatory support ( $< 20$  in infant  $< 1$  year)

YES

**TRANSPORT TO TRAUMA CENTER.**  
Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the defined trauma system.

YES

## Assess Anatomy of Injury

2

- All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g. flail chest)
- Two or more proximal long bone fractures
- Crushed, degloved, mangled or pulseless extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

NO

## Assess Mechanism of Injury & Evidence of High-Energy Impact

3

- Falls
  - Adults  $> 20$  feet (one story = 10 feet)
  - Children:  $> 10$  feet or 2-3x the height of the child
- High-risk auto crash
  - Intrusion including roof  $> 12$  inches occupant site  $> 18$  inches any site
  - Ejection (partial or complete) from automobile
  - Death in same passenger compartment
  - Vehicle telemetry data consistent with a high risk of injury
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant ( $> 20$  mph) impact
- Motorcycle crash  $> 20$  mph

YES

**TRANSPORT TO TRAUMA CENTER.**  
Which, depending upon the defined trauma system, need not be the highest level trauma center.

NO

## Assess Special Patient or System Considerations

4

- Older Adults
  - Risk of injury/death increases after age 55
  - SBP  $< 110$  may represent shock after age 65
  - Low impact mechanisms (e.g. ground level falls) may result in severe injury
- Children
  - Should be triaged preferentially to pediatric capable trauma centers
- Anticoagulants and bleeding disorders
  - Patients with head injury are at high risk for rapid deterioration
- Burns
  - Without other trauma mechanism: triage to burn facility
  - With trauma mechanism: triage to trauma center
- Pregnancy  $> 20$  weeks
- EMS provider judgement

YES

**TRANSPORT TO TRAUMA CENTER or hospital capable of timely and thorough evaluation and initial management of potentially serious injuries. Consider consultation with medical control.**

**TRANSPORT ACCORDING TO PROTOCOL**

**When in doubt, transport to a trauma center.**