DEPARTMENT OF FIRE AND RESCUE SERVICES

MEMORANDUM

2008.015

Originating From	Issue Date	Expiration Date	Attachments
Operations	**10/9/2008**	**N/A**	**A + B**

SUBJECT: **Medevac Requests for Category "C" and "D" Trauma Patients**

1 **Please see Attachments A and B for information regarding Medevac Requests for Category "C" and "D" trauma patients.**

Approved:

Joseph A. Herr
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October 7, 2008

To: All EMS Providers and EMS Operational Programs
All Emergency Departments and Trauma Centers
All Public Service Access Points/ Dispatch Centers

From: Robert R. Bass, M.D.
Executive Director, MIEMSS

Re: Medevac Requests for Category "C" and "D" Trauma Patients

Please be advised that effective at 8:00 a.m. Thursday, October 9, 2008, all scene medevac requests for trauma patients that have only Category "C" or Category "D" trauma triage indicators will require medical consultation with the receiving trauma center for helicopter dispatch. Attached to this memorandum is specific guidance on the operation of the medical consultation requirement. This requirement will remain in effect until further notice.

Please be assured that the requirement for medical consultation is not intended to imply or indicate concerns or criticisms of the treatment or triage practices by field providers. Instead, the requirement for medical consultation prior to helicopter dispatch for Category "C" and Category "D" patients is being implemented to provide an additional resource to EMS personnel responding to an incident. The medical consultation will allow EMS providers / first responders to review the indications for and potential benefits of helicopter transport with personnel at the receiving trauma center prior to dispatch of a helicopter to the scene.

There has been a great deal of media coverage this past week related to the Maryland Medical Protocols for EMS Providers and the Trauma Decision Tree. Contrary to some of the media coverage, the Trauma Decision Tree does not require EMS providers to transport patients by air – rather, it states that transport by helicopter should be considered when it is quicker and is of clinical benefit. Patients with mechanisms only and who are within a 30 minute drive time of the trauma center shall go by ground unless there are extenuating circumstances.

I would ask you to please review the Trauma Decision Tree on page 132 of the Maryland Medical Protocols for EMS Providers. If you don't have access to a copy you can view it at http://www.miemss.org/ , click on EMS Provider Protocols, and then select the 2008 protocols.

I want to thank all of our career and volunteer EMS providers for their ongoing service and selfless dedication to our state. Maryland's emergency medical services and trauma system has been called a 'model' for the entire country, and together, we will continue to ensure that our system provides the highest quality care available.

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To: All EMS Providers and EMS Operational Programs
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From: Richard Alcorta, MD FACEP
State EMS Medical Director, MIEMSS

Date: October 7, 2008

Implementation: Effective 8 am Thursday October 9, 2008

Scene Medevac requests for patients that have only Category "C" or Category "D" trauma triage indicators

All requests for medevac transport for trauma must include the triage category of the patient(s). Until further notice, all scene medevac requests for patients that have only Category "C" or Category "D" trauma triage indicators will require medical consultation with the receiving trauma center for helicopter dispatch. The process will be as follows:

1. Medical consultation will be requested via EMRC or via local EMS communication /dispatch center with the desired receiving trauma center and with the closest hospital emergency department also on-line to monitor.
2. In order to assure the earliest possible dispatch of the medevac, the local communications / dispatch center, when possible, should patch EMRC/SYSCOM into the consult to confirm the mode of transport and destination.
3. As the linkage for medical consultation is being set up, the SYSCOM Duty Officer will place the closest appropriate aircraft on "Alert" status, meaning that they will perform a final check of the weather, and initiate aircraft start up and pre-launch procedures.
4. The receiving trauma center shall give medical consultation on mode of transport and destination: to transport the patient by ground to the closest hospital, to transport the patient by ground to the receiving trauma center, or to transport the patient by air to the receiving trauma center. The helicopter will launch upon medical consultation approval to transport the patient by air.

For patients that have Category "A" or Category "B" trauma triage indicators, the decision to utilize air transport should continue to be based upon whether air transport will provide a clinically significant reduction in transport time to a receiving trauma center. These requests will proceed as per current protocol and will not be affected by the process outlined above.

NOTE: This process does not apply to the islands in the Chesapeake Bay where there is no other means of transport.

If the EMS provider would like to have the case reviewed, the EMS provider may mark the patient care record (MAIS/EMAIS) with "exceptional call", write in the narrative "medevac request" and forward the patient care record to Dr. Alcorta for review at ralcorta@miemss.org .