



**TRANSFER OF PATIENT CARE:  
EMT-P TO AIR AMBULANCE FLIGHT NURSE**

I. AUTHORITY:

*Title 22 (T-22), Section 100300, and Health and Safety Code 1798. It is the scope of this Chapter to establish minimum standards for the integration of EMS aircraft and personnel into the local EMS prehospital patient transport system as a specialized resource for the transport and care of emergency medical patients.*

II. APPLICATION:

This policy establishes a means to assure direct medical control over patients who are transported by air ambulance.

**NOTE: Scene paramedics are to accompany the patient and complete all necessary documents at time of delivery of the patient whenever a "rescue aircraft" is utilized.**

III. PROCEDURE:

A. Incident Commander:

1. Upon determination of the need of an air ambulance, shall make request by established protocol.
2. Shall ensure that the BH radio channel assignment and frequency are provided to the responding flight service.

B. EMT-Paramedic:

1. Shall provide a copy of the Prehospital Care Report (PCR) form and a verbal report of the patient's condition to the flight nurse; including history, physical assessment, all treatments ordered (including those rendered and yet to be completed; e.g., oxygen, intravenous therapy, medications, etc.), and patient destination. If time and/or patient condition do not allow for completion of the PCR prior to the patient's departure from scene, the PCR will be completed and either delivered or faxed to the receiving trauma center as soon as possible.

**NOTE: Transport of an unstable patient should not be delayed for the purpose of completion of a written report.**

2. Shall document the time and the name of the flight service receiving the patient in the "Comments" section of the PCR.
3. Shall send the PCR (white) copy and EMS (pink) copy of the PCR with the patient, if completed prior to transport (ensure that run number is documented).

*Italicized Text Identifies Quotations from An Authority Outside The Orange County EMS.*

Approved:

P/P: 330.60  
Implementation Date: March, 1999  
Reformatted: March, 2004



**TRANSFER OF PATIENT CARE:  
EMT-P TO AIR AMBULANCE FLIGHT NURSE**

---

4. May accompany the patient to the PRC if directed by the BH physician and if the responding aircraft can accommodate the addition of a scene EMT-P.

C. Flight Nurse:

1. Shall assure that BH radio contact has been made prior to the transfer of the patient to the helicopter.
2. Shall accept a verbal report of the patient's condition from the EMT-P on scene. If completed at time of transport, shall accept the appropriate copies (pink and white) of the PCR.
3. Shall assure that the assigned BH is notified at the time of liftoff by the ground EMT-P, of the transfer before and after liftoff. The name of flight service PRC unit #, run number, patient number (e.g., Mercy Air continuing Medic 149's Run 24, patient #3), the patient status, and treatment orders complied with and/or yet to be carried out.

Note: In-flight BH radio communication shall be attempted. The medical control of the patient will remain with the BH physician. If contact cannot be established then the flight nurse will function under their department's protocol. One in-flight report of patient's condition/response to treatment should be attempted if patient status allows.

4. Shall upon arrival to the PRC, document landing time, and the time the patient was received in the emergency department.
5. Shall provide a full verbal report to the PRC staff along with the PCR and a Flight Service Medical Record which shall include written documentation of the patient's condition, orders received from the BH, all orders complied with patient's response to treatment, vital signs, fluid intake, estimated blood loss, etc.
6. Shall call via landline to the BH MICN to ensure that all documentation and updates have been completed for their reporting system.

---

Approved:

*Ben Hyatt*

*Dulme Iovese*

P/P: 330.60  
Implementation Date: March, 1999  
Reformatted: March, 2004