MEDICAL MANAGEMENT / PROTOCOL

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BLOOD PRODUCTS – PROCEDURE FOR NOTIFYING THE LAB 1 of 2

The purpose of this policy is to state the position of Air Trek, Inc with regards to the procedures to follow when blood and/or blood products are required for the flight.

When the caller requests blood and/or blood products (fresh frozen plasma, platelets, etc) be obtained for the flight, the Flight Coordinator should immediately notify the Senior Aeromedical Transport Specialists (SATS) and have them obtain a medical report.

The SATS should attempt to obtain the requested blood and/or blood products from the sending facility. This may not be possible in some cases, such as those transports originating outside the United States, those patients being transported home, etc.

If the sending facility is not able to send the requested blood and/or blood products, the SATS, working in conjunction with the Flight Coordinator, must notify the Director of Operations (or designee) of the situation. Ask the SATS to notify the Medical Director per the **NOTIFICATION OF THE MEDICAL DIRECTOR PROTOCOL.**

Once flight approval has been obtained from the Medical Director, and a verbal order is given for the specific blood and/or blood products, the Flight Coordinator should notify the following:

Florida Blood centers at 941-467-1001 from 6:00a.m. to 8:00 p.m. 7 days a week. After hours, call 941-628-9696. The supervisor is George Hobbs. The account name is "Kreegel".

Inform the blood bank personnel of your request. They will send O Pos or O Neg (leuko or non leuko reduced, depending on availability). Keep in mind that once the blood is picked up it is not allowed to be returned to the blood bank.

When picking up the blood, it will need to be paid for at time of service via check.

The products will be packed with sufficient ice in a shipping container that has been validated to maintain the product between 1-10 C for 24 hours.

The price list for the red blood cells is the following:

202	Red Blood Cells (RBC	$232.00
242	Red Leukoreduced (LRBC)	$246.00

Remind the SATS they will be responsible for the blood and/or blood products. Should these products be administered during the flight, the SATS must document all tracking numbers on the flight report. Return any products are **not** used during the flight to the hangar for proper disposal.

Upon returning from the flight notify the Director of Operations or designee via e-mail or voice mail of the situation so proper follow-up can be completed with the respective blood bank facilities.

Please note that both blood and all blood products may be administered via the Mini-Med III IV pumps currently in use.

Please address any questions or concerns to the Director of Operations and/or designee as soon as possible.

DEATH IN-FLIGHT POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to the procedures to complete should a death occur during flight. During the course of a transport we may encounter a patient who expires. No one policy can address each of the situations that may develop, thus each death will be addressed on a case by case basis.

1. Prior to the flight's departure the Senior ATS (SATS) should obtain the patient's code status. In those patient's who are critical prior to flight, the SATS should seek medical control as outlined in the **NOTIFICATION OF THE MEDICAL DIRECTOR PROTOCOL**. The SATS may also consider discussing possible resuscitative measures with the patient/family members.

2. Should the patient expire during flight, and it is the wish of the patient or patient's health care surrogate that no resuscitative efforts are made, the SATS should complete the following:

    a. Note the time of death in the medical flight report.
    b. Respect the family's needs and provide comfort measures to all family members.
    c. Contact Operations and provide an update on the situation.
    d. The flight team should not remove any IV lines, tubes, etc until authorized to do so once you arrive at the receiving airport.
    e. The SATS and PIC should work together with the sharing of information. One person should be assigned to be the point of contact for all communications between the flight team and the family, as well as the flight team and the operations center contact.

3. The Operations Center will then complete the following:

    a. Notify the Director of Operations or designee and assign a point of contact for the sharing of all information related to this situation. All phone calls between the flight team, authorities, funeral home staff, and family should be channeled to one point of contact. This will prevent miscommunication and confusion during this event.
    b. Contact any family members as requested by the flight team.
    c. Notify the law enforcement authorities for the receiving airport. This information can usually be obtained from the FBO staff.
    d. Start a flow sheet listing the names, time, and phone number of who was contacted with notes as needed. At the conclusion of the event, attach this documentation to the Trip Sheet and Flight Paperwork.
    e. Inform the FBO staff of the situation and ask that the aircraft be placed in a private or secluded area of the tarmac.
    f. Notify the patient's funeral home of the situation.

4. Once the aircraft arrives at the receiving FBO, the flight team should remain with the patient and family members until the local authorities have arrived. The family members should not be allowed to leave the FBO until instructed to do so by the local authorities.

5. The SATS should contact the Medical Director as soon as possible per the **NOTIFICATION OF THE MEDCIAL DIRECTOR PROTOCOL.**

The purpose of this policy is to state the position of Air Trek, Inc. with regards to proper documentation of Flight Records and required forms.

Chapter 64J-1 F.A.C. and 12 VAC 54-31-560/1140 requires Air Trek, Inc. to maintain an accurate record of each transport completed. For the purpose of this policy, this form shall be called "Aeromedical Report". The Aeromedical Report shall be completed for each patient we encounter. This multi-copy report will be distributed as follows:

Original	Maintained on file at the Air Trek corporate offices
Page 2	To be left with the patient at the receiving facility

Addendum pages will be distributed as follows:

Original	Maintained on file at the Air Trek corporate offices
Page 2	To be left with the patient at the receiving facility

A Ventilator Documentation Form must be completed on all ventilator dependant patients.

All Senior Aeromedical Transport Specialists will be required to complete a Documentation Training Module as approved by the Medical Director. It will be the responsibility of the Senior ATS to assure the Aeromedical Report is properly completed and signed.

State regulation requires a copy of the Aeromedical Report remain with the patient at the receiving facility. Air Trek, Inc. shall only use an Aeromedical Report approved by the Medical Director.

The following information must be noted on the medical flight report:

1. The patient's vital signs shall be obtained and recorded at the hospital, before take off, hourly, and as the patient's condition warrants it.

2. The cabin pressure and aircraft altitude **MUST** be documented hourly, or more often, if the patient's condition changes. The pilots will provide you this information as requested.

3. Purpose of the transport.

4. An initial patient assessment should be well documented, as well as any changes that may occur throughout the course of the flight. All narrative times shall be military Eastern time.

5. Treatments, medications, intake/output and patient's response to treatments and medications.

6. Signature of each ATS and clarity as to who performed the care/patient procedures, ie: administering medications and performing procedures, and indicate which ATS actually documented patient information. Both ATS must have an original signature, followed by your professional credentials. ie: RN, RRT, EMT-P, etc.

7. Both the sending and receiving facilities and to whom report was received from and given to.

8. Any patient condition change at specified or predetermined altitudes.

Upon completion of the flight the Aeromedical Report and all appropriate form (ie: Trip Sheet, Releases, Payment, etc) will be placed in an approved envelope for the billing office for review and storage.

Any and all questions should be addressed to the Director of Operations or Medical Director immediately.

NOTIFYING THE MEDICAL DIRECTOR PROCEDURE

Please follow these steps when your medical protocols require notification of the Medical Director.

The Medical Director is Paige V. Kreegel, M.D.

Cellular Phone:	941-815-0912
Home:	941-575-7090

The best number to contact Dr. Kreegel is via his cellular phone at 941-815-0912.

Should you fail to make contact with the Medical Director, immediately notify the Operation's Center. The Operations staff is advised when Dr. Kreegel is not available and may be able to assist you in contacting him.

Document on the PI Form the name of the physician, time, and date notified. If unable to contact the physician, or if no return call is received, document this as well.

Any questions should be immediately addressed to the Director of Operations.

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REFUSAL OF LIFE-PROLONGING PROCEDURES POLICY

The purpose of this policy is to state the position of Air Trek, Inc. with regards to life-prolonging procedures.

Definitions:

Resuscitation is defined as measures, actions, or procedures designed to restore vital signs in a patient who sustained respiratory and/or cardiac arrest.

Life-prolonging procedures include tracheal intubation, artificial ventilations, chest compressions and the administration of cardiac medications.

Living Will is a declaration made pursuant to the Life-Prolonging Procedure Act contained in the Florida Statutes. This is sometimes referred to as a Do Not Resuscitate (DNR) Order.

Basic Life Support is defined as artificial ventilations by means of a BVM bag in conjunction with chest compressions.

The patient or the patient's family, physician, or guardian may request life-prolonging procedures be withheld from the patient. In these situations the ATS should document the patient's and/or family member's wishes in the medical flight report. When this occurs, the ATS shall obtain a copy of the Living Will, DNR orders or other appropriate paperwork and attach a copy of this to the final Flight Record. If no written authorization to withhold life-prolonging procedures is provided, the ATS will treat the patient as stated in the General Cardiopulmonary Arrest Protocol and seek medical direction as needed.

Any and all questions should be addressed to the Director of Operations or Medical Director immediately.

RESERVED