
Emergency Medicine and Transport Services

EMTS.P.AIR.12.023

SUBJECT/TITLE: AirCare's Rapid Response Program

PURPOSE:

1. To expedite access to more advanced levels of intervention and critically ill or injured patients at referring facilities when that facility seeks transfer to University of Iowa Health Care Medical Center's Emergency Department.
2. To keep referring clinical teams providing care to the patient rather than on the phone by having pre-defined clinical protocols.
3. To capitalize on capabilities of AirCare and facilitate prompt continuity of patient care at University of Iowa Health Care facilities.

SCOPE: AirCare adult and pediatric patients

DEFINITIONS: None

POLICY:

A. Criteria for using the AirCare Rapid Response team:

1. Suspected or known severity of illness warranting air medical transport including:
 - a. Severe trauma
 - b. STEMI
 - c. Known or suspected life-threatening intracranial hemorrhage
 - d. Acute neurological deficit less than 24 hours with concern for stroke
 - e. Critically ill children (29 days to 17.999 years old) meeting one or more of the following criteria:
 - i. Intubated*
 - ii. Noninvasive Positive Pressure Ventilation (NIPPV) requirement (CPAP and BIPAP (excluding high flow nasal cannula and nasal cannula based NIPPV)*)
 - iii. Status asthmaticus requiring continuous bronchodilators*
 - iv. Vasopressor requirement*

- v. Acute trauma ^ (refer to trauma center)
- vi. Failed airway^
- vii. Patients requiring acute surgical intervention who also meet any of the above criteria.^
 - * Triage to PICU
 - ^ Triage to Emergency Department

B. Exclusion Criteria. The following patients are not eligible for Rapid Response intervention:

- 1. Inpatients to inpatient transfers
- 2. Isolated hand and wrist/forearm injury
- 3. Aortic dissection or aneurysms
- 4. Isolated Psychiatric Illness
- 5. Burn injuries

C. Rapid Response Process

- 1. AirCare's Rapid Response uses the AirCare Medical Director as the accepting physician if the transfer is to a UI Health Care Emergency Department and is therefore limited to transports by AirCare.
- 2. If the referring provider elects an alternative method of medical transportation other than AirCare, the qualifying conditions listed above will be accepted to a University of Iowa Health Care facility regardless of mode of transportation after connecting with an accepting Emergency Department provider.

PROCEDURE:

- 1. Call AirCare Dispatch at 1-800-272-6440.
- 2. Notify dispatch that you have a need for AirCare Rapid Response. Dr. Sven Steen will be listed as the accepting physician.
- 3. AirCare will arrive at the referring facility, initiate advanced levels of intervention, and may depart with the patient enroute to the nearest appropriate facility with the appropriate level of care.
- 4. As soon able, the referring physician will contact the Admission and Transfer Center 1-866-890-5969 to relay patient information. This must be done prior to the patient arriving at the University of Iowa
- 5. In some cases, the Emergency Medicine physician may have referring physician speak with a specialty physician or surgeon.
- 6. For pediatric patients, meeting criteria in 4.d the default destination for the patient will be the Emergency Department until the PICU has received handoff. If PICU has an available bed, patients meeting criteria set forth in Section A.1.E.i-iv will be triaged to the PICU. Patients meeting criteria set forth in Section A.1.E. v or vi will be triaged to the Emergency Department.

7. All pediatric trauma patients or patients requiring acute surgical intervention meeting any of the above criteria will be triaged to the Emergency Department.

Source: AirCare

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