**Ordering an EMS Helicopter Worksheet**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_ Dispatcher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incident Organization:**

|  |  |  |
| --- | --- | --- |
| IC designated for the incident: | | |
| Point of Contact (POC) or Ground Contact: | Cell Phone: | “Call Sign”: |

**Incident Status:**

|  |
| --- |
| **Nature of Injury/Illness:** *(Describe the injury)* |
| **Incident Name:** *(Use the fire name + “ medical”)* |
| **Patient Care: *(****Identify the qualifications of the current on scene responders)* |

**Initial Patient Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Patients: | Male / Female | Age: | Weight: |
| Conscious ? [ ] Yes [ ] No | | Breathing ? [ ] Yes [ ] No | |
| Mechanism of Injury: *(What caused the injury)* | | | |
| Lat/Long of Patient: (degrees/ decimal minutes) LAT: LONG: | | | |

**Severity of Emergency, Transport Priority:**

|  |  |
| --- | --- |
| [ ] **URGENT – RED** Life threatening injury or illness.  *(Example: Unconscious, difficulty breathing, bleeding severely, 2 – 3 degree burns more than 4 palm sizes, heat stroke, disoriented.)* | Ambulance or MEDEVAC helicopter.  **Evacuation:** IMMEDIATE |
| [ ] **PRIORITY- YELLOW** Serious injury or illness.  *(Example: Significant trauma, not able to walk, 2 – 3 degree burns not more than 1-2 palm sizes.)* | Ambulance or consider air transport if at remote location.  **Evacuation:** DELAYED |
| [ ] **ROUTINE – GREEN** Not life threatening injury/illness.  *(Example: Sprains, strains, minor heat-related illness)* | Non- Emergency  **Evacuation:** Consider routine of convenience. |

**Transportation Plan:**

|  |
| --- |
| **Air Transport:** *(Agency Aircraft Preferred)*  [ ] Helispot [ ] Short-haul/Hoist [ ] Life-Flight [ ] Other: |
| **Ground Transport:**  [ ] Self-Extract [ ] Carry-Out [ ] Ambulance [ ] Other: |

**Additional Resources/Equipment Needs:**

|  |  |  |
| --- | --- | --- |
| [ ] Paramedic/EMTs  [ ] Burn Sheet(s)  [ ] Medication(s) | [ ] Crews  [ ] Oxygen  [ ] IV/Fluid(s) | [ ] SKED/Backboard/C-Collar  [ ] Trauma Bag  [ ] Cardiac Monitor/AED |
| [ ] Other: *(splints, rope rescue, wheeled litter, etc.)* | | |

**Communication: Dispatch will assign the following frequencies of the incident:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Function | Name / Number | Receive | Tone | Transmit | Tone |
| Command |  |  |  |  |  |
| Air-to-Air |  |  |  |  |  |
| Air-to-Ground |  |  |  |  |  |
| Tactical |  |  |  |  |  |

**Evacuation Location:**

|  |  |
| --- | --- |
| Lat / Long of Evacuation Location: (degrees/ decimal minutes) | Patient’s ETA to Evacuation Location: |
| Travel route for ground ambulance or equipment deliveries: | |

**Helispot Landing Zone (LZ) Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Elevation: | Topography: | | Fuel Type in the Area:  Height of Trees: | | LZ Surface Description:  [ ] Dirt [ ] Grass [ ] Improved Surfaced |
| Wires/ Aerial Hazards: *(Describe the location and height of any known aerial hazards.)* | | | | | |
| Eye level Winds: *(MPH & Direction)* | | LZ Visibility:  [ ] Good [ ] Fair [ ] Poor | | Vehicle Access: [ ] Yes [ ] No  [ ] 2 Wheel Drive [ ] 4 Wheel Drive | |

**Placing the order with: [ ] Tucson MEDS [ ] DPS [ ] Military**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time: | Placed order with (Dispatcher Name): | Call Back Number: | | Type of EMS Helicopter Needed: |
| **Make sure to pass on all the following information listed below when ordering the EMS helicopter:** | | | | |
| [ ] Call Sign for the POC  [ ] Description of injury or illness  [ ] Patient Information  [ ] LZ Information | | | [ ] Air / Air Frequency  [ ] Air / Ground Frequency  [ ] CNF Repeater Frequency | |

**Fill Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Time: | Dispatcher Name: | Call Sign for EMS Helicopter Assigned: | ETA: |

When the EMS helicopter contacts Tucson Dispatch, confirm the frequencies, location, call sign for the incident, and ETR to the site. Relay information to the POC for the incident.

*Note: If the incident is a night, confirm if the EMS pilot has night vision goggles and relay findings to the POC.*