

Accessing Air Medical Transport

DISPATCH NUMBERS

PHI: **800-633-5438**
TriState Care Flight: **800-800-0900**
Lifeguard Fixed wing **800-866-7256**
Other Aircraft: _____

Aircraft Identifier:
PHI _____
CareFlight _____
Lifeguard _____

TIMES

Initiated Helicopter: _____
Helicopter on scene: _____

Incident #: _____
ETA: _____
Depart scene: _____

LOCATION

Area where helicopter will land: _____
Lat: _____ degrees _____ minutes
Long: _____ degrees _____ minutes
Elevation: _____ feet
Contact Person on scene: _____
Radio frequency on scene: State Fire Other: _____

PATIENT INFORMATION

Age _____ M F Pt Weight: _____
Injury: _____
Mechanism of Injury (What happened) _____
Current VS: LOC: _____ HR: _____
RR: _____ BP: _____
How will patient be packaged? _____

LANDING ZONE INFORMATION

Has a tail guard been assigned? Yes No
Hazards: _____
How area is marked: _____

WEATHER CONDITIONS

TIME: _____:_____ Temperature: _____ degrees Wind: _____
Visibility: _____ Wind Direction: _____

CHANGES IN PATIENT STATUS

TIME: _____:_____
Current VS: LOC: _____ HR: _____ RR: _____ BP: _____
Any other change: _____

