

**Sheboygan County EMS Helicopter Request QA Form**

EMS Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Times:  
Dispatched \_\_\_\_\_

On scene \_\_\_\_\_

Helicopter requested \_\_\_\_\_

Helicopter take-off \_\_\_\_\_

Helicopter on-scene \_\_\_\_\_

Helicopter canceled \_\_\_\_\_

Pt transported \_\_\_\_\_

Helicopter transported from:  
Scene Hospital

Cancelation explanation:  
Not available

Complications/Comments:

EMS provider # or initials: \_\_\_\_\_

Signature: \_\_\_\_\_

**GUIDELINES FOR TRAUMA DEFINITION 3/04**

**Definition of Major Trauma**

*Activate local trauma plan*

- Unresponsive to voice commands
- Unstable blood pressure
  - Adult: Systolic Blood Pressure < 90 mmHg
  - Ped: Infant < 2 years < 65 mmHg
  - Child 2 -5 years <70 mmHg
  - Child 6 - 12 years <80 mmHg
- Respiratory Rate:
  - Adult: <10 or >30 bpm
  - Pediatrics under 12: <10 and >60 bpm
  - Ineffective breathing, grunting, or stridor in a child
- Penetrating injury to head, neck, torso, or proximal extremity
- Flail chest
- Trauma with concurrent burns >15% BSA
- Distended, rigid abdomen with signs of shock
- Two or more proximal long bone fractures
- Depressed or open skull fracture
- Unstable pelvic fracture
- New onset paralysis
- Amputation proximal to wrist or ankle
- Other:

**Indicators of possible Major Trauma**

*Have high suspicion. Consider trauma plan activation.*

- Ejection from automobile during crash
- Death of another occupant of same vehicle
- Extrication time in excess of 20 minutes
- Falls from >20 feet
  - Use 10 feet for a child
- Victim of a roll over motor vehicle crash
- Victim of a high speed vehicle crash >40mph
  - >20 mph for a child
- Major auto deformity, intrusion or damage into passenger compartment
- Auto vs. pedestrian or bicycle
- Pedestrian thrown or run over
- Any motorcycle crash
- Trauma patient with extremes of age <5 or >55
- Injured patient with underlying lung or cardiac disease
- Injured patient who is pregnant
- Injured patient who is immunosuppressed
- Injured patient with bleeding disorder or who is on anticoagulation medication
- Other:

Check all indications for helicopter transport.  
Submit form with run sheet for internal QA process.  
Requesting agency and transporting agency must complete form.  
Forward comments or problems to EMS Council QA Subcommittee as needed.