



Indications for medevac:

- Patient is in danger of losing:
 - Life
 - Limb
 - Eyesight
- Preterm labor

NOTE: In the event of multiple medevacs, the ED physician in collaboration with medevac dispatch prioritizes the medevacs.

Occasionally, a charter may be able to fly when a medevac cannot. Consider this option if on weather-hold.

Village to Bethel Collaboration
Village Health Aide collaborates with provider (hospitalist or ED physician) to make decision if medevac is indicated

Consult ED physician for centralized medical control.

If patient is NOT a beneficiary, ask if he/she has a preferred medevac company. If not, suggest they [register for LifeMed insurance online](#).

Activation of Medevac
Activating provider calls medevac dispatch with patient's name, DOB, village, and diagnosis. If applicable, dispatch will ask for escort's name and weight.

LifeMed Dispatch 1-800-478-5433

Complete the Patient Transport Order (PTO) and ensure it is faxed to **5-543-1262 and x6099**.

Managing physician is either ED physician or hospitalist who activated. If hospitalist continues to manage, must keep ED physician updated.

Managing physician calls village Health Aide to get updates and continues to keep records in RAVEN.

Dispatch Process

1. Selected medevac dispatch notifies their medevac team.
If medevac cannot launch (weather, runway lights, etc.) dispatch will notify managing physician. Pilot will continue to check weather.
2. Receiving unit clerk faxes PTO and face sheet to medevac crew.
3. Medevac crew contacts health aide and managing physician as needed.
4. If there is a prolonged delay, medevac crew will contact the managing physician and health aide.
5. In extenuating circumstances, patient may need direct transport to Anchorage from village. After obtaining an accepting physician in Anchorage, managing physician will work with medevac dispatch for transport logistics.

In the event that a medevac is cancelled (patient deemed stable to come in on scheduled flight) medevac dispatch and receiving department must be notified by the managing physician immediately.

Medevac launches

1. Once in village, medevac crew calls managing physician to give report, establish treatment plan, and give ETA in Bethel.
2. Managing physician keeps receiving charge nurse informed of patient status/ETA of medevac.

Consider Transfer Direct to Anchorage ("ramp-to-ramp") when:

1. Obvious need for acute surgical intervention
2. Hemodynamically stable intubated patients
3. Hemodynamically stable acute MI patients
4. Level III Trauma Center indicated.
5. Other extenuating circumstances

Discuss with medevac team if considering ramp transfer.
Remember to call ED at receiving facility to discuss transfer.

Arrival in Bethel
Patient care is transferred to receiving unit and medevac crew gives report to staff.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 2/5/20.
If comments about this guideline, please contact Chloe_Wurr@ykhc.org.