



Yukon-Kuskokwim HEALTH CORPORATION

Treatment Protocol

Medevac Activation: Village to YKHC

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.

May also consult [Military Transport for Emergencies](#) guideline.

Make every effort for the patient to be transferred to the village clinic to meet LifeMed. This is for the safety of the LifeMed crew. If there is no health aide in the village, ask for an Office Assistant to open the clinic for the patient to wait there.

Preterm Labor

1. See the [Labor Patient in a Village](#) and [Village Deliveries](#) guidelines.
2. Notify pediatrician. Take "go bag" from L&D with surfactant.
3. Remember to notify ED physician and OB charge RN.
4. If appropriate, consider contacting facilities in Anchorage to discuss suitability of ramp transfer.
5. Hospitalist remaining at YK will cover all emergency RMT for adults and peds, AND continue managing the preterm labor patient. Ask for help if needed (E1/E2, experienced clinic providers, CD on call, etc.).

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.

Health Aide or Provider in village consults Wards Hospitalist/Emergency RMT for initial management and possible medevac of critically ill patient.

Hospitalist consults ED Doctor on Duty to confirm appropriateness.

Notify pediatric hospitalist when activating a medevac for any child <12 years old.

If patient is NOT a beneficiary, ask if they have 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**.

Village Management:

Explicitly clarify whether ED Physician or Hospitalist will continue managing the patient with the health aide. (Typically this will be the ED physician)

Managing physician calls village Health Aide for updates, continues active management of the patient, and documents in EMR.

Managing physician updates ED physician & charge RN.

Blood Products

If appropriate, consider sending LifeMed crew with blood products. If this is anticipated:

1. Notify dispatch of plan, confirm whether LifeMed has available blood at hangar.
2. If no blood at hangar, contact YK bloodbank to request 2 units of "emergency release" blood to be prepared immediately.

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.

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.

Arrival in Bethel

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

Consider Medevac Direct to Anchorage

Indications:

1. Obvious need for acute surgical intervention (e.g. hip fracture)
 2. STEMI, obvious acute CVA
 3. Intubated in field
- MUST also be hemodynamically stable (not require stabilization at YK before transfer)

Notify LifeMed Dispatch immediately if considering.

Discuss with receiving facility specialist (e.g. orthopedics, ICU) and ER if needed.

Consult LifeMed regarding logistics of ramp transfer.

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 Clinical Guideline Committee 12/12/24.
If comments about this guideline, please contact clinical_guidelines@ykhc.org.