



Prince Sultan Military Medical City

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Departmental Policy	Dept: Intensive Care Services	Policy No: 1-2-9451-01-001 Version No: 03
Title: MedEvac ICU Transportation Policy		JCI Code: ACC
Supersedes: 1-2-9451-01-001 Version No: 02 ; 12 January 2017	Copy No:	Page 1 of 4

1. **INTRODUCTION**

MedEvac ICU under Department of Intensive Care Services (ICS) – Prince Sultan Military Medical City (PSMMC) is a service that will cover the transportation of referred patient to and from PSMMC via MedEvac airlift/land base transfer.

2. **PURPOSE**

To outline the process of collecting the referred patient via MedEvac ICU.

3. **APPLICABILITY**

All ICS Physicians, ICS Respiratory and ICS Registered Nurses

4. **POLICY**

- 4.1. MedEvac under the Intensive Care Services is responsible for transporting adult patient only.
- 4.2. MedEvac ICU team will coordinate with accepting service i.e., Prince Sultan Cardiac Center (PSCC), Pediatric ICU (PICU) and Neonatal ICU (NICU) for collecting pediatric patients..
- 4.3. It is the responsibility of accepting services (PSCC, PICU and NICU) to collect referred Pediatric patients.
- 4.4. The ICS MedEvac waiver form (4-1-9451-01-002 Appendix 1) shall be signed by the collecting team in an event patient does not require Physician for escort.
- 4.5. MedEvac Coordinator will inform PSCC Intensivist on call for any referred Pediatric patient.
- 4.6. MedEvac Respiratory Therapist and Nurse are responsible in maintaining all equipment and supplies needed for the service at the start of the shift (Appendix 2).
- 4.7. MedEvac Coordinator will contact the accepting ward/Unit Charge/Head Nurse and confirm availability of the bed for the patient and inform about the Expected Time of Arrival (ETA).
- 4.8. All MedEvac transfers should proceed to Emergency Department (ED) for reassessment and registration.
- 4.9. MedEvac ICS Team will hand over the care of patient to ED and/or RRT depending on the condition.



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- 4.10. The accepting Primary Team should be notified about the patient's arrival and their assessment and plan.
- 4.11. Radio room will inform MedEvac ICU Team 2 hours prior to (ETA).
- 4.12. MedEvac ICS physician will accompany all vented, hemodynamically unstable on inotropes or decreased level of consciousness, i.e. GCS < 8/15.

5. DEFINITION OF TERMS

- 5.1. MedEvac ICU Team is consists of:
 - 5.1.1. Consultant Intensivist
 - 5.1.2. ICS Physician (Registrar/ Senior Registrar)
 - 5.1.3. ICS Nurse – MedEvac Coordinator
 - 5.1.4. ICS Respiratory Therapist

6. PROCEDURE

- 6.1. MSD MedEvac Radio Room will fax the patient requirement form, patient medical report, patient acceptance letter by the Hospital Director along with the ETA to Department of ICS 2 hours prior.
- 6.2. MedEvac Coordinator collects these documents and informs MedEvac ICU Physician.
- 6.3. MedEvac Coordinator will contact the Ambulance Dept. and inform them about the ETA.
- 6.4. The MedEvac ICS Team should leave the hospital at appropriate time to reach the collecting site on ETA.
- 6.5. Once MedEvac ICS Team arrived to collect the patient, proper patient assessment and documentation should be undertaken.
- 6.6. In an event that patient is unstable; it is the responsibility of the MedEvac collecting team to stabilize the patient until such time that the patient is safe to be transported.
- 6.7. Patient should be continuously monitored during the transport.
- 6.8. All MedEvac transfers should proceed to Emergency Department (ED) for reassessment and registration.
- 6.9. In case of pediatric patient, the MedEvac Coordinator will contact the accepting service about the patient after receiving the fax from the radio room.



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6.10. The accepting service will arrange the Physician, Nurse and Respiratory Therapist for the safe transfer of the pediatric patient.

6.11. For pediatric patients, MedEvac ICU Team only coordinates with the accepting services, Radio room and the ambulance. They are not responsible for the transfer of the patients.

7. REFERENCES

JCI Standards: Access to Care and Continuity of Care (ACC.5)

8. APPENDICES

8.1. Appendix 1 MedEvac Waiver Form 4-1-9451-01-002

8.2. Appendix 2 Equipment and Medicine List

8.3. Appendix 3 MedEvac Nurse Responsibilities

8.4. Appendix 4 MedEvac Transfer Form 4-1-9451-01-001

8.5. Appendix 5 Patient Requirement Form



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9. ORIGINATING DEPARTMENT

Intensive Care Services

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Reviewed by: Nursing Policy, Procedure and Guidelines Committee	Signature: 	Date: 24/9/2020
Reviewed by: Dr. Turki Saqr Jaber Al Mutairi Director of Nursing Department	Signature: 	Date: 27/09/2020
Reviewed by: Dr. Samir Mohammed Bawazir Director, Continuous Quality Improvement and Patient Safety (CQI & PS)	Signature: 	Date: 28/9/2020
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Authorized by: Dr. Hisham Ayoub Executive Director for Health Affairs Chairman, Senior Medical Management Team (SMMT)	Signature: 	Date: 30-9-2020
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Date Reviewed 28-9-2020	Date of Next Review 29-9-2023	



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Department of Intensive Care Services

ICU- MedEvac Waiver Form

Patient Name: _____

MR No: _____ Bed Booked to : _____

Date : _____ ETA : _____

From: _____

Upon review of the medical report of the above patient, the patient does not require any doctor/ RT to accompany the patient via MedEvac.

Comments:

Full Name: _____ Bleep No. _____

Position: _____ Code No. _____

Signature: _____ Date : _____ Time: _____



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Equipment and Medical List

Equipments: (the full list will be completed soon)

1. Four Ambulances with the following equipments for each:

Oxygen Therapy	Dressing Kit
1 M Oxygen Cylinder	4 Field Dressings
2 Spare E Cylinder	4 Gauze Large
2 Non-rebreather Mask Child	4 Bandages
2 Non-rebreather Mask Adult	2 Eye Pads
2 Simple Oxygen Mask Child	2 Rolls of Tape
2 Simple Oxygen Mask Adult	1 Scissors
2 Nasal Cannula Child	
2 Nasal Cannula Adult	
1 Trach Mask Child	
1 Trach Mask Adult	
2 Small Volume Nebulizer Child	
2 Small Volume Nebulizer Adult	
2 Aerosol Mask Child	
2 Aerosol Mask Adult	
Suction	Burns Kit
1 Vehicle Suction	1 Set Full Burn Pack
1 Disposable Suction Container	1 Set Sterile Linen
1 Portable Suction Unit	
2 Yaunker Suction Child	
2 Yaunker Suction Adult	
6 Suction Catheters Child (6Fr, 8Fr, 10Fr)	
6 Suction Catheters Adult (12Fr, 14Fr)	
Basic Airway Kit	Ob/Gyn Kit
2 Tongue Depressors	1 Full Maternity Pack
1 Set OPA	
1 Set NPA	
1 BVM Neonate	
1 BVM Child	
1 BVM Adult	
Cardiac	Infection Control
1 Defibrillator/ECG	1 Box S/M/L Gloves
Monitor/NIBP/SpO2/ETCO2	1 Set Sterile Gloves
1 Spare Set Defibrillator Pads	1 Box Surgical Face Masks
1 Pack ECG Dots	1 Box N-95 Masks
2 Razors	2 Sets of Protective Glasses
	2 Sets of Gowns
	1 Sharps bin
	1 Hand Sanitizer
	1 Spill Kit
Patient Assessment	Lifting Equipment

1 Set BP Cuffs 1 Stethoscope 1 Glucose Monitor 1 Box BP Sticks 1 Box Lances	1 Ambulance Cot 1 Carry Chair 1 Flight Stretcher
Spinal Care	Miscellaneous
1 set cervical collars 1 spinal board Adult 1 spinal board pediatric	2 Sheets 2 blankets 1 pillow 1 box paper towels 2 kidney basin 1 waste bin

1. Transport equipment:

a. Respiratory therapists bag

Adult Airway Kit (basic and advance)	Pediatric Airway Kit (basic and advance)
Advance Airway Kit	Advance Airway Kit
1 BVM Adult 1 Set OPA 1 Set NPA 1 Set LMAs 1 Set ETTs 1 Laryngoscope Handle Adult 1 Set MacIntosh Blades (1, 2, 3, 4) 1 Spare Bulb 2 Spare Batteries 1 Adult McGill Forceps 1 Tube KY Jelly 2 Adult Stylets 1 Bougie 2 10cc Syringes 1 Adult Stethoscope ETT Ties (1 roll) 1 Scissors 1 Emergency Tracheotomy Kit 1 Tracheal Dilator	1 BVM Neonate 1 BVM Pediatric 1 Set OPA 1 Set NPA 1 Set LMAs 1 Set ETTs 1 Laryngoscope Handle Pediatric 1 Set Miller Blades (00, 0, 1, 2) 1 Spare Bulb 2 Spare Batteries 1 Pediatric McGill Forceps 1 Tube KY Jelly 2 Pediatric Stylets 2 10cc Syringes 1 Pediatric Stethoscope ETT Ties (1 roll) ETT Tapes (1 roll) 1 Emergency Tracheotomy Kit 1 Tracheal Dilator

b. Nurses bag

Adult IV Access Kit	Pediatrics IV Access Kit
2 Tourniquets 1 Box Cleaning Wipes 4 IV Catheters 20G 4 IV Catheters 18G 4 IV Catheters 16G 4 IV Catheters 14G 4 Syringes 1cc 4 Syringes 2.5cc	2 Tourniquets 1 Box Cleaning Wipes 4 IV Catheters 24G 4 IV Catheters 22G 4 IV Catheters 20G 4 IV Catheters 18G 2 Intraosseous Kits 4 Syringes 1cc

4 Syringes 5cc	4 Syringes 2.5cc
4 Syringes 10cc	4 Syringes 5cc
4 IV Adhesive Dressings	4 Syringes 10cc
1 Roll Tape	4 IV Adhesive Dressings
6 NaCl Flush 5cc	1 Roll Tape
2 Set Needles	6 NaCl Flush 2.5cc
2 Primary Giving Sets	6 NaCl Flush 5cc
2 Blood Giving Sets	2 Set Needles
1 NaCl 100cc Bag	2 Primary Giving Sets
1 NaCl 250cc	2 Blood Giving Sets
2 NaCl 500cc	1 NaCl 100cc Bag
1 NaCl 1000cc	1 NaCl 250cc
1 Small Sharps Box	1 Small Sharps Box
	Miscellaneous
	Pediatric Weight & Measure Tape
Other	
Portable Ventilator & Syringe Pumps	

General Drug List

General Drugs	Controlled Drugs
Adenosine (Generic) 6	<u>Pain Management</u>
Amiodarone (Generic) 6	Morphine Sulfate (Generic) 3
Aspirin 5	Fentanyl (Generic) 5
Atropine (Generic) 5	<u>Sedation</u>
Salbutamol (Generic) 5	Ativan (Generic) 3
Ipratropium Bromide (Generic) 5	Etomidate (Generic) 3
Budesonide (Generic) 5	Haloperidol (Generic) 3
Diphenhydramine (Generic) 5	Midazolam (Generic) 5
Calcium Chloride (Generic) 5	Propofol 4
Dextrose 50% in Water (D50W) 5	<u>Paralytics</u>
Dextrose Oral (Generic) 5	Anectine (Generic) 4
Glucose (Generic) 5	Vecuronium Bromide (Generic) 4
Dopamine (Generic) 10	Cisatracurium 2
Epinephrine 1:1000 (Generic) 10	Succinylcholine 4
Epinephrine 1:10000 (Generic) 5	Rocuronium 5
Norepinephrine 10	
Dobutamine 6	
Calcium gluconate 10% 3	
Epinephrine Racemic 2.25% (Generic) 2	
Glucagon (Generic) 5	
Magnesium Sulfate 50% (Generic) 10	
Naloxone (Generic) 4	
Flumazinal (Generic) 3	
Nitroglycerin (NTG) (Generic) 5	
Sodium Bicarbonate (Generic) 5	
Ondansetron Hydrochlorine (Generic) 3	
Thiamine 4	



Name of Patient:	
Age:	Sex: Nationality:
Time On:	Time Off:
Diagnosis:	
Condition:	Category:
Ref. Hospital:	Rec. Hospital:
Ref. Doctor:	Rec. Doctor:
Accompanied by Dr.	
Relatives:	
Notes: Y/N	X rays:

Nurses Notes:

[illegible]

Medical Remarks:



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MEDEVAC Team: Nurse / Coordinator Duties and Responsibilities

1. Please read carefully and be familiar with MEDEVAC policy.
2. Always check MEDEVAC trolleys and be responsible to replace any shortage stocks.
3. MEDEVAC Nurses deals with all GICU MEDEVACS; approval and activation. Patient services will provide a copy of medical report if patient needs to be admitted in GICU. Be sure that all incoming MEDEVAC patients have primary team before accepting. Only ICU Consultant on duty in the Main unit is authorized to accept, unless ordered from the higher position. Get a copy of each medical report either accepted or not before sending it back to the patient's services.
4. Scan all medical reports in ICIP and record in the logbook that need ICU admission. Scanner located at the station 28001.
5. GICU MEDEVAC bed reservations will last for 48 hrs. only from the time of activation.
6. Always get the name of patient services on call for any issues that includes medical report to avoid confusion and there by you can track down whom you dealt with in case of any problem arise.
7. Do not forget to inform main ICU charge nurses and give a copy of medical report once MEDEVAC is activated.
8. Always admit MEDVAC patients in the ICIP system under MEDEVAC category scanning the medical report.
9. MEDEVAC nurse are also responsible in transporting patient land base or airbase to and from the hospital that includes other hospital in the kingdom if ordered from the higher up.
10. Be familiar of the telephone numbers and bleep numbers; i.e. radio room, pt. services, fax numbers, please refer to the MEDEVAC folder.
11. Always contact the wards to confirm for the bed booking for the MEDEVAC patients after receiving the fax medical report, including patient's requirements and acceptance letter.
12. If a patient is accepted by the Programme Director to be admitted in Emergency department always inform Emergency department Charge Nurse ahead of time and give them a copy of medical report with acceptance.
13. MEDEVAC team consists of ICU doctor, ICU nurses and RT therefore if any MEDEVAC scheduled inform the Mobile Doctor and RT in charge, either ventilated or not.
14. If MEDEVAC patient report is stable and not vented inform the team and secure waiver to be signed by the ICU MEDEVAC doctor for your safety, if RT cannot accompany the MEDEVAC patient be sure to make a statement report.
15. ICU MEDEVAC doctors during weekend will be on call. Please follow the doctor's rota.



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MEDEVAC Team: Nurse / Coordinator Duties and Responsibilities

16. Once you've got the ETA (expected time of arrival) it is the MEDEVAC nurses responsibility to book for the ambulance. Always booked 30 minutes before the arrival time.
17. If MEDEVAC patient is under 12 years old, it is the responsibility of the accepting unit to escort the patient such as PGICU, PSCC ward 2:6 and NICU RMH. MEDEVAC nurse will only be responsible in arranging the ambulance and coordinating with the radio room.
18. Always remember to ask the radio room on duty for the gate number and also ask for the name of the radio room staff who gave you the details.
19. Please familiarize with the MRX monitor and pacemaker usage.
20. MEDEVAC nurse uses ISBAR (Introduction, Situation, Background, Assessment and Recommendations) for the communication tools.
21. Any concern, issues in MEDEVAC after 1600H always inform the bleep 0400
22. Use critical thinking and be assertive all the time.