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Ground rules for meeting a helicopter

[Nursing](#), [Jul 2000](#) by [Tait, Cindy](#), [Podboy, Marie](#)

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PICTURE THIS:

You're in the middle of a busy shift when your supervisor says the next admission is yours, and you're needed on the helipad to help bring her in. Because this is your first time off-loading a patient from a helicopter, here are some tips to make the experience safe for you, your patient, and the flight crew. Even if you're not involved with helicopter transports, fasten your seat belt, because what these front-line nurses do will give you a lift.

First, make sure you're familiar with your hospital's policy for receiving patients via air transport. Deciding what equipment you should gather and what you'll need to do both before and after your patient arrives depends on the equipment available in the helicopter and your facility's policy.

"Before heading out the door

Check with the receiving unit to ensure that all of the necessary items (for example, intravenous [I.V.] pump and ventilator) are ready. Assemble the equipment so you're prepared to interface with the flight crew and their equipment when you're back in the unit with your patient.

Prepare a stretcher because most helicopters don't have stretchers on wheels. As shown, remove or tape down any linen and the mattress pad and make sure the stretcher has a full oxygen cylinder.

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Recruit necessary staff members to assist you. At least four people are needed to lift the patient to the stretcher. If your hospital has personnel assigned to meet helicopters, coordinate with them.

Make sure you'll be warm enough. Helicopters can generate winds of up to 100 mph, which make for significant wind-chill factors.

Pull your hair back; remove loose jewelry, your stethoscope, and anything else dangling from you.

Put on hearing and eye protection, which are usually located near the helipad.

When helicopters arrive a few minutes out

Remove any loose items from around the helipad, such as trash cans, wheelchairs, or anything that could blow around and cause a hazard.

Stay with the stretcher at a close but safe location during the helicopter's arrival. Your hospital policy may call for waiting just inside the door that leads out to the helipad or behind a protective barrier. If you're waiting outdoors, it's best to stay 200 to 300 feet from the landing zone.

Remind yourself to think clearly and stay calm. Watching a 3-ton noisy aircraft descend from the sky, carrying a critically ill patient, gets the adrenaline pumping.

Nuts and bolts of helicopter transports

Some points of interest about helicopter transports: A nurse, a paramedic, and a pilot generally make up the crew, although a physician, a respiratory care practitioner, or a second nurse may also be aboard. Helicopters make two types of runs: scene calls (for patients with a medical emergency or traumatic injury) and interfacility transports (for patients who are initially treated and stabilized at one hospital but require further treatment at another). Whichever the type, the patient may arrive with equipment, such as a ventilator or LV. pump, that's not compatible with your facility's. Most transport equipment runs on battery power and almost all patients need oxygen, so patients should be transferred as quickly as possible.

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The nurse who meets the helicopter escorts the patient and the flight staff to the receiving unit. Once the transfer of equipment is completed, the hospital nurse assumes responsibility for the patient.

When the helicopter arrives

Wait until the flight crew gives you the okay signal before approaching the helicopter. Unless the patient's status is grave, she won't be off-loaded with the rotor blades turning. (This is called a "hot" off-load.) The more common and safer technique is to off-load the patient when the blades have stopped turning—typically about 2 minutes after the craft lands.

Pay extra attention and maintain eye contact with the flight crew at all times during hot off-loads.

A flight crew member may escort you and the stretcher to the aircraft, depending on your hospital's or the flight crew's policy.

Keep LV poles and other equipment below shoulder height, although you don't typically need to crouch down to avoid spinning blades.

Always approach from the front of the helicopter. Even with the blades stopped, never walk around the back of the helicopter or under its tail. A spinning tail rotor—often called the "silent killer"—is very hard to see.

Never grab hold of any part of the aircraft, including its doors. Parts of it may be hot or easily bent out of shape. Flight crew members are the only ones who should open and close doors.

If your patient will be off-loaded from the rear doors, stay as close as possible to the aircraft and wait for instructions from the flight crew.

If your patient will be off-loaded through a side door, as in these photos, she'll likely be on a turntable-style platform that the flight crew will have to rotate and adjust before you can move her onto your stretcher.

Help the flight crew off-load your patient. Often, you'll be asked to hold the patient's lines, tubes, or other equipment.

Once inside with your patient

Transport your patient to the appropriate unit, along with the flight crew members.

Transfer her to a bed using a slider board, if it's available. You, another colleague, and the flight crew will need to lift the patient and make sure her lines and tubes remain intact and in correct position.

Switch your patient to your facility's equipment. (The flight nurse will also help transfer equipment.)

Listen to the flight nurse's report detailing the patient's chief complaint, her condition during flight, medications given, and any other vital information. The flight nurse may need to document a set of vital signs, record an electrocardiogram strip or pressure-line tracing, and get your signature after completing the transfer.

Obtain copies of the patient's records, transfer orders, X-rays, image films,

and medications and get her personal belongings.

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