



MeritCare
LifeFlight

801 Broadway North
Fargo, ND 58122
(701) 234-7054 FAX

Medical Necessity Form

Date: _____ Flight #: _____

Patient Name: _____ Medical Record Number: _____

From: _____ To: _____

Requested by (name): _____ Aircraft FW—HC Initials FN/FM: _____

Complete For All Patients

General Criteria for Air Transport:

- Required therapeutic regimen must be initiated within limited time frame.
- Safe and legal transfer requires nurse and/or paramedic, at minimum.
- Land transport would be hazardous and delayed due to road and/or traffic conditions.
- Critical care/ALS environment required during transfer.
- Complication medical history required transfer to patient's primary physician.
- Equipment and/or personnel to care for injury/illness not available.
- Patient required specialized interventions/tests not available at referring facility.
- No other mode of transportation available.
- Other: _____

Adult Medical Criteria

- Acute poisoning: Carbon Monoxide
 Other: _____
- Cardiopulmonary arrest and cardiopulmonary cerebral resuscitation
- Cardiac Failure
 - Acute MI
 - Anticoagulation/TPA
 - Balloon pump
 - Dysrhythmias not responsive to standard therapies
 - Open heart surgery/PTCA
 - Unstable angina
- Central nervous System illness, requires intracranial pressure monitor
- Hematologic Condition: D/C
 Other: _____
- Infectious Disease: _____
- Metabolic or Fluid and Electrolyte Imbalance:
 - Diabetic Ketoacidosis
 - Refractory Acidosis
 - Renal failure
- Multi-System failure:
 - Near Drowning
 - Septic Shock
- Respiratory failure, Pulmonary complications:
 - ARDS Edema
 - COPD Pulmonary emboli
- Other: _____

Adult Surgical Criteria

- Neurosurgical: space-occupying lesions
 - Diffuse cerebral edema
 - Surgery urgently required
- Replantation/Microsurgery
- Thoracic/abdominal aneurysm requiring repair
- Transplantation
- Other: _____

Perinatal Criteria

Maternal: Obstetrical

- Condition resulting in probably birthweight less than 2000 gm or gestation less than 34 weeks
 - Intrauterine growth retardation
 - Multiple gestation
 - Premature dilation of cervix
 - Rh iso-immunization
 - Severe pre-eclampsia
 - Other hypertensive complication
 - 3rd trimester bleeding
 - Other: _____
- Premature labor (expected birthweight less than 2000 gm or gestation less than 34 weeks)
- Premature rupture of membranes (as above)

(next page for Maternal Medical, Surgical, Neonatal, Pediatric, Trauma and Signature)



Patient Name: _____

Medical Record Number: _____

Perinatal (continued)

Maternal: Medical

- Diabetes mellitus, poorly controlled
- Drug Overdose
- Infection that may cause premature birth:
 - Hepatitis Pneumonia
 - Influenza Pyelonephritis
- Other: _____

Maternal: Surgical

- Acute abdominal injury, gestation less than 34 weeks, fetus less than 2000 gms
- Thoracic emergency. Intensive care or surgery required.
- Trauma:
 - May cause premature onset of labor
 - Personnel/equipment not available locally

Neonatal Clinical Criteria

- Congenital malformation(s) requiring surgery or observation
- Gestation less than 34 weeks or weight less than 2000 gms
- Hemolytic disease
- Hypoglycemia
- Mother is: Diabetic Taking dangerous drugs
- Neonatal blood loss
- Neonatal cardiac disorder with persisting cyanosis
- Progressive respiratory distress syndrome
- Respiratory distress or metabolic acidosis persisting 2 hours after birth
- Seizures
- Sepsis, infection or meningitis
- Shock or asphyxia persisting beyond 2 hours
- Ventilatory support required more than 1 hour
- Other condition requiring more than routine care: _____

Pediatric Clinical Criteria

- Cardiopulmonary arrest and cardiopulmonary cerebral resuscitation
- Cardiovascular System: CHF
 - Shock Other: _____
- Central Nervous System
 - Increased Intracranial Pressure
 - Meningitis Status Epilepticus
 - Reyes Syndrome Unconsciousness
- Hematologic Condition: D/C
 - Other: _____

- Metabolic or Fluid and Electrolyte Disturbances:
 - Dehydration Diabetes Insipidus
 - Glucose, Ca⁺⁺, K⁺, Na⁺⁺, Mg⁺⁺⁺, derangement
- Multi-System Complication:
 - Acute poisoning Diabetic ketoacidosis
 - Asphyxia Near drowning
- Pediatric team and/or specialized equipment required
- Respiratory failure or other respiratory condition:
 - Alveolar/Interstitial Disease
 - Lower Airway Obstruction
 - Upper Airway Obstruction
- Trauma, less than 14 years old (see trauma checklist)
- Condition complication by congenital anomalies and/or chronic illness
- Other: _____

Trauma Clinical Criteria

- Age less than 14 or greater than 55 years
- Amputation or near amputation; requires rapid transport for replantation
- Blunt thoracic or abdominal injury with respiratory compromise or hemodynamic instability
- Burns:
 - More than 25% of body surface area
 - Major burns of face, hands, feet, or perineum
- Fall from height greater than 20 feet
- MVA:
 - Associated fatalities
 - Patient ejected from vehicle
 - Extrication time greater than 15 minutes
 - Speed greater than 55 mph
 - Structural intrusion into victim's space
- Multiple orthopedic injuries
- Orofacial trauma requiring placement of airway
- Paralysis of extremities
- Pedestrian, struck by vehicle and thrown more than 15 feet
- Penetration injury, any part of body between mid-thigh and head
- Scalping or "degloving" injury
- Spinal immobilization and rapid, smooth transport necessary due to worsening motor sensory status
- Time by land to Trauma Center greater than 15 minutes
- Champion Trauma Score of 12 or less
- Glasgow Coma Score of 10 or less
- Other Serious Risk Factor(s): _____
- Other: _____

Comments: _____

In my opinion, air transport is required for this patient for the reasons indicated above.

Date _____

Physician Signature _____

Print Full Name _____

