**Helicopter Request Form**

|  |  |
| --- | --- |
| Version No: V 8.2 | Effective Date: 23/04/2015 |
| TCAA Tasking Line (Air Desk) | 08454 130983 |
| Air Desk Admin Line | 02476 639 552 |
| Air Desk Email | airdesk@thechildrensairambulance.org.uk |

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| **RETRIEVAL TEAM REQUEST****RETRIEVAL TEAM DETAILS (TCAA TO COMPLETE)**

|  |  |
| --- | --- |
| TCAA Annual Task Number |  |
| Request Date and Time |  |
| Task Date and Time |  |
| Clinical Partner Team Name |  |
| Point of Contact Name |  |
| Point of Contact Tel No |  |
| CPT Case Ref Number |  |
| Infectious Patient? |  |
| Clinical Flight Restrictions? |  |

**RETRIEVAL TEAM TASK**

|  |  |
| --- | --- |
| CPT Pick-up Point |  |
| Pick-up Time |  |
| Referring Hospital |  |
| Receiving Hospital |  |
| CPT Drop-off Point |  |

**RETRIEVAL TEAM PASSENGERS, EQUIPEMENT & BAGGAGE**

|  |  |
| --- | --- |
| Lead Passenger Name |  |
| Lead Passenger Mob Tel |  |
| Lead Passenger Weight (Kg) |  |
| Lead Passenger Helmet Size |  |
| Passenger 2 Name |  |
| Passenger 2 Weight (Kg) |  |
| Passenger 2 Helmet size |  |
| Passenger 3 or Parent Name |  |
| Passenger 3 Weight  |  |
| Passenger 3 Helmet size |  |
| Cabin Equipment/Bags (kg) |  |
| Patient Weight + equipment in Babypod (Kg) |  |

**RETRIEVAL TEAM CABIN EQUIPMENT**

|  |  |  |
| --- | --- | --- |
| Stretcher (✓) |  | 15Kg |
| Bridge (✓) |  | 33Kg |
| Babypod System (✓)  |  | 20Kg |
| Nitric Tray System (✓)  |  | 11Kg |
| Cabin Syringe Pumps 5+6 (✓) |  | 3Kg |
| Oxylog 3000 / 3000 plus (✓)  |  | 5Kg |

**RETRIEVAL TEAM CARGO BAY EQUIPMENT**

|  |  |
| --- | --- |
| Cargo Bay Equipment/Bags (Kg) |  |
| TCAA Clip Deck (✓) (15Kg) |  |
| CPT Clip Deck (✓) (15Kg) |  |

**MED AIR, O2 GASES REQUIRED BY RETRIEVAL TEAM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Air (✓) | Full (1280) |  | ¾ (960L) |  | ½640L |  |
| 02 (✓) | Full 2400L |  | ¾ 1800L |  | ½1200L |  |

**Notes** | **AIRDESK ONLY TO COMPLETE**

|  |  |
| --- | --- |
| Min. 1 x CPT AETC? (Y/N) |  |
| PUP HLS OFFER |  |
| REF HOSP HLS OFFER |  |
| RX HOPS HLS OFFER |  |
| DOP HLS OFFER |  |
| LAST DECISION TIME TCAA to CPT |  |
| LAST DECISION TIME CPT TO TCAA |  |
| TIME OFFER PASSED TO CPT |  |
| CPT Decision Time |  |
| Task Confirmed? (Y/N) |  |
| All HLS Booked? (Y/N) |  |
| Endurance from Base |  |

**REQUEST OUTCOME ( ‘✓’ AS REQUIRED)**

|  |  |  |  |
| --- | --- | --- | --- |
| **AS REQUESTED:** |  | **ALTN PLAN OFFERED:** |  |
| CANX: Weather |  | Declined: EQR |  |
| CANX: Pilot FDP |  | Declined: Weather |  |
| CANX: Sched. Maint. |  | Declined: Clinical |  |
| CANX: UnSched. Maint. |  | Declined: Beds |  |
| CANX: Equip. Issue |  | Declined: No Night HLS |  |
| Incident Report filed? |  | Declined: Priority Msn |  |

**POST TASK AIRDESK ONLY TO COMPLETE**

|  |  |
| --- | --- |
| Aircraft T/O Time |  |
| Aircraft PUP LDG Time |  |
| Aircraft PUP T/O Time  |  |
| Aircraft REF Hosp LDG Time  |  |
| CPT ARRIVE REF Hosp Unit Time |  |
| CPT DEPART REF Hosp Unit Time |  |
| CPT BACK at Aircraft Time (REF Hosp) |  |
| Aircraft REF Hosp T/O Time |  |
| Aircraft RX Hosp LDG Time  |  |
| Patient flight time |  |
| CPT ARRIVE RX Hosp Unit Time |  |
| CPT DEPART RX Hosp Unit Time |  |
| CPT BACK at Aircraft Time (RX Hosp) |  |
| Aircraft RX Hosp T/O Time  |  |
| Aircraft DOP LDG Time |  |
| Aircraft DOP T/O Time  |  |
| Aircraft Off-Task Time |  |
| Total Flight Time |  |
| SRP No |  |
| Pilot Discretion? Y/N |  |
| Aircraft Bags Opened? |  |
| Aircrew Initials: | Capt. |  | Co-Pilot |  |

**EQUIVALENT ROAD TRANSFER TIMES AIRDESK ONLY TO COMPLETE**

|  |  |  |
| --- | --- | --- |
| Est. Road Time & mileage to REF Hosp |  |  |
| Total Time at REF Hosp |  |  |
| Est. Road Time & mileage to RX Hosp |  |  |
| Total Time at RX Hosp |  |  |
| Est. Road Time & mileage back to base |  |  |
| Total Road Transfer Time & mileage |  |  |

 |