

# Transport

April / May / June 2003

Bulletin

## Call for Abstracts

There is still time to submit abstracts for presentation at the AARC International Respiratory Congress in Las Vegas. Open Forum presentations are a great way to get started in research and prove the value of the transport RT. Evaluate a piece of equipment, look at advanced skills, or find other transport-related issues that warrant study. Last year in Tampa, we, as a group, were challenged to increase the amount of quality research done by the transport RT. It is time for us to publish an evaluation of transport ventilators, explaining the benefits we provide with our extensive background in critical care medicine and ventilator management. Look around and identify some ideas for an evaluation or study. The deadline for submitting abstracts is July 21. For more information on submitting an abstract visit: [http://www.rcjournal.com/open\\_forum/](http://www.rcjournal.com/open_forum/). ♦

## Specialty Practitioner of the Year

It's time to look around at your transport RT colleagues and fellow section members and consider nominating them for our 2003 Specialty Practitioner of the Year award. The recipient will receive the award at the AARC International Congress in Las Vegas this December.

What do we look for in a Specialty Practitioner of the Year? Any RT who goes the extra mile, is a valuable asset to his or her team, or serves as a great example of the transport RT on a national level would qualify for the award. We need to get this award back on track, so please consider a deserving colleague for this recognition. Nominating is easy. Just go to: [http://www.aarc.org/sections/transport\\_section/mpoty/poll\\_form.html](http://www.aarc.org/sections/transport_section/mpoty/poll_form.html). ♦

## Section Connection

### GET IT ON THE WEB

Help the AARC increase its efficiency by signing up to receive the Bulletin via the section homepage on the AARC web site ([www.aarc.org](http://www.aarc.org)). To change your option to the electronic Bulletin, send an email to: [mendoza@aacrc.org](mailto:mendoza@aacrc.org).

### SPECIALTY PRACTITIONER OF THE YEAR

Submit your 2003 nominations online at: [http://www.aarc.org/sections/transport\\_section/mpoty/poll\\_form.html](http://www.aarc.org/sections/transport_section/mpoty/poll_form.html).

### SECTION E-MAIL LIST

Start networking with your colleagues via the section e-mail list. Go to the section homepage on [www.aarc.org](http://www.aarc.org) and follow the directions to sign up.

## Notes from the Chair

by Steven E. Sittig, RRT

Greetings to all section members! With the arrival of this newsletter, the spring season should be in full swing. I have always liked the change of seasons, and seeing winter depart is especially gratifying. The need for winter survival gear on board is a thing of the past, but the strong winds of spring and the sporadic thermals can make for a bumpy ride.

Since my last "Notes" column, I have submitted our proposal for a transport symposium at this year's International Respiratory Congress in Las Vegas to the AARC Program Committee. The committee had a record number of submissions this year, but our representative thought the lecture topics were very good and would be interesting. I should be made aware of the committee's decision by the time this newsletter goes to print. I will post the approved transport-related lectures on the e-mail list, and hopefully, I can also list them in the next newsletter. I very much appreciate the volunteers who submitted ideas, and especially want to thank those who said they would be willing to speak.

The transport lapel pin project has generated a great deal of interest, and now the winning design is in. The top choice appears here, along with the three other candidates. Pin number four came in second. I believe this recruitment tool will help promote the RT in the field of patient transport nationally and help encourage our fellow RT transport colleagues to join the AARC and the Transport Section.

In the process of asking members to vote for the pin of their choice, the subject of membership costs to the AARC occasionally arose. As was noted in a past newsletter, we have one of the lowest dues of any professional organization, but membership across the nation is still surprisingly low. The AARC recently instituted group renewal rates aimed at lowering the cost of dues, but in a recent meeting with my department coordinator about increasing the Mayo RT department's membership rate, another idea to help therapists deal with the costs came up as well. The proposal called for a sort of payroll deduction program operated via the human resources department in which every pay period they would deduct a little over \$2 per week for AARC membership. This would help avoid the "sticker shock" of the yearly renewal notice.

If you are able to set up a program like this please let me know. For about

the cost of a soda and a doughnut you can help promote your profession and help the AARC do its job. While the caffeine and sugar bolus may seem like an indispensable part of the work day, the good that can come from investing those dollars into our professional association instead will go far beyond the initial caffeine and sugar rush. ♦

### LAPEL PIN DESIGNS



#1

WINNING DESIGN



#2



#3



#4

## New Look to the Web Page

As part of our ongoing effort to enhance the value of section membership, we have sought and received approval to better utilize the web page now provided by the AARC. Rather than serving simply as place to house past newsletters, our homepage will include additional content, such as links to other professional groups like Flight Web, the Air Surface Transport Nurse Association, and CAAMTS. Links to sites on transport-related equipment will be included as well. If you have any ideas as to what to add please forward your suggestions to either myself or to Kris Williams at [williams@aarc.org](mailto:williams@aarc.org). We cannot link to any personal pages at this point, but sites with transport-related downloads for PDAs are a possibility. We also have approval for a picture gallery showcasing our programs' transport vehicles and/or teams. This is a great way to help promote the transport RT specialty and your program. All ideas are welcome. As always, my contact information is listed below. ♦

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E-mail: [mendoza@aarc.org](mailto:mendoza@aarc.org) for more information.

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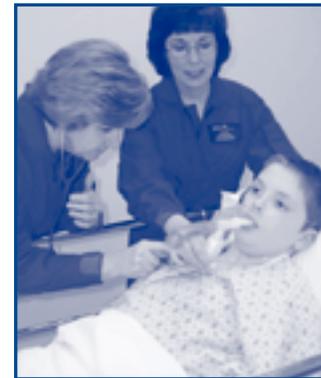
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## Program Focus: The Alfred I. duPont Hospital for Children Transport Team

by Steven E. Sittig, RRT

The Alfred I. duPont Hospital for Children was founded as an orthopedic facility in 1940 and has evolved into a 180-bed hospital offering all the specialties of pediatric medicine, surgery, and dentistry for children from birth through age 17 with acute, chronic, and complex health problems. It is a division of Nemours, which operates one of the nation's largest subspecialty group practices devoted to pediatric patient care, teaching, and research. The Nemours Children's Clinic provides physician services to the hospital at its main campus and at pediatric primary and specialty care sites throughout Delaware, Southeastern Pennsylvania, and southern New Jersey. Together, the A.I. duPont Hospital for Children and the Nemours Children's Clinic are the academic partner of Thomas Jefferson University in Philadelphia, and the pediatric provider to the Jefferson Health System, its members and affiliates.



Nurse Joanne Brown, left, and RT Dianne Randell, collaborate on the job.

### The pediatric transport team

The A.I. duPont pediatric transport team was created in 1992 to support the growing number of pediatric patients from the outlying areas. The number of transports has grown by approximately 10% per year, from 295 in 1992 to 1,279 in 2002. Of those 1,279 transports, 351 were in the respiratory category. Patients may either present to their primary care physician or the nearest emergency room. It is there that the attending physician can either ask the advice of A.I. duPont's pediatric intensivist or have the patient transported to the hospital for admission.

The transport team is comprised of two members: either a nurse/nurse or nurse/RT combination, depending on the patient's needs. A physician may accompany the team in severely critical cases. The primary mode of transport for this busy team is by ground, but the number of rotor wing flights is increasing. Transport radius is around 150 miles.

The involvement of respiratory therapy on the team actually began in 1994, according to lead transport therapist Diane Randell, RRT-NPS. Her experience at the hospital and extensive background in pediatrics led her to pursue involvement in the transport program. According to transport coordinator Joanne Brown, RN, CCRN, BSN, "The addition of the respiratory therapist has been a big plus for the team."

It is a true team effort, and Diane puts it nicely: "I was very excited about the different

environment and challenges that transport can bring. The teamwork that is essential to transport, the knowledge and the expertise of the transport nurses and the respiratory therapists, plus the whole idea of the team working 'in the field' are invigorating. Once we receive the patient and leave for the hospital, the transport team's only support from the hospital comes from a cellular phone. I found it was exactly what I was looking for in my professional development and my love of respiratory care." As with many programs, the airway management skills, along with patient assessment and "packaging" for transport, comprise a big portion of the RT's duties here.

Respiratory involvement with the team is growing, as two more RRTs have been added on



Brown, left, and Randell, check on a young patient.

Continued on page 3

a part time basis. According the transport nurse coordinator, Joanne Brown, their participation will increase further as the program continues to grow. Additional duties performed by the respiratory therapists when not on transport include equipment competencies, education of nurses and outreach education, and the development of protocols/quality assurance issues.

As I conducted the phone interview for this Program Focus, I could definitely feel a close working relationship between nursing and respiratory therapy at this facility. The specialty of transport demands that you be a team player and that the needs of your patient come first. This was evident as we discussed many things that afternoon - there is a true team effort at the Alfred I. duPont Hospital for Children. ♦

## Transport Safety

by Steven E. Sittig, RRT

Recently, my transport program, Mayo Medical Transport, had a "stand down" day. Our three helicopters were down, and only limited fixed wing and ground transport remained available so that we could allow as many staff as possible to attend a day devoted to safety. Nearby flight services helped cover calls for the six hours we were on stand down status.

With the alarmingly high rate of transport-related injury and loss of life over the past few years, our program administration thought it was worth taking the time to review and brainstorm topics related to safety. We were blessed to have Michelle North, a retired Lt. Colonel from the Army and helicopter pilot, present the program that day. Michelle has flown helicopter medical missions for many different programs and her presentation was one that held our interest from beginning to end.

When we entered the room that morning, we were assigned to tables with purposefully mixed groups. Most included one pilot, two rotor wing flight nurses, a flight medic, a ground medic, a respiratory therapist, and either a pediatric or neonatal transport nurse. During one of the exercises, we were given National Transportation Safety Board reports on air medical accidents. As one of our group read the report, we tried to find out what had gone wrong. Then a small group went up and reenacted our scenario for the whole group. It was quite entertaining -- and easy to see where complacency or bad judgment had played a role in the accident.

While reports of flight programs going down with loss of life is big news, the ground ambulance can also lead to severe injury and even death if the rules of safety are not followed. Several years ago an abstract article by Jerry Overton in the journal *Prehospital and Disaster Medicine* covered an important issue in ground transport pertaining to the use of red lights and sirens (RLS). In his article he states: "Emphasis has been placed on the use of red lights and siren (RLS) as a means to reduce travel time by allowing continuous movement through traffic congestion and controlled intersections, especially in urban and suburban environments. The use of RLS increases the risk of the ambulance becoming involved in a crash and the severity of that crash, making safety the primary concern for ambulance design, construction, maintenance, and operation. A systems approach is required to minimize risk. The initial development of specifications by EMS must consider local weather conditions, equipment requirements, and crew needs."<sup>1</sup>

Many of the incidents we covered were related to pushing the limits of weather and established safety guidelines. Michelle stressed that any crewmember has the right to question being dispatched into unsafe conditions, whether it be by ground or air. The mentality that, "we need to complete the mission," along with pushing the limits, has cost many of our transport colleagues their lives. We all realize there is risk with any job, but taking unnecessary chances is not worth it.

For a number of years now I have closed e-mails and some articles with the phrase, "May all your transports end safely for you and your patients!" A simple motto, but an important one for all of us who love being of service to the sick and injured as we bring them to the care they require by ground or air. ♦

### REFERENCE

1. Overton J. Ambulance Design and Safety. *Prehospital and Disaster Medicine*. 16(3): S112 July- September 2001.

## Study Finds Nebulized Hypertonic Saline Solution Effective in Treating Infants with Viral Bronchiolitis

The February issue of CHEST featured an interesting study on infants with viral bronchiolitis. Researchers set out to determine the utility of inhaled hypertonic saline solution to treat the condition in 52 hospitalized infants with a mean age of about three months. About half the infants received inhalation of epinephrine, 1.5 mg, in 4 mL of 0.9% saline solution. The other half received inhalation of epinephrine, 1.5 mg, in 4 mL of 3% saline solution. The therapy was repeated three times a day until discharge.

Improvement in the clinical severity scores after inhalation therapy was not significant in the first group on the first, second, and third days after hospital admission. However, significant improvement was observed on these days for the infants in the second group. What's more, using 3% saline solution decreased the hospitalization stay by 25%.

The authors conclude aerosolized 3% saline solution/1.5 mg epinephrine decreases symptoms and length of hospitalization as compared to 0.9% saline solution/1.5 mg epinephrine in nonasthmatic, nonseverely ill infants hospitalized with viral bronchiolitis. ♦

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