Notes from the Editor
by Steven E. Sittig, RRT

As I sit down to write this edition of my “Notes from the Editor,” many discussions are taking place regarding the AARC Specialty Sections. If you have not read or heard about the latest interim postings, the AARC Board is taking a look at Specialty Section membership and the fiscal viability of continuing to support some of the sections as standalone groups. Other costs of running the sections are coming under scrutiny as well.

I had a long telephone call just the other day with Tim Myers, RRT, who is chair of the Neonatal-Pediatrics Section. Tim is also on the Board and is in charge of the ad hoc committee looking at the Specialty Sections. What it all comes down to is membership numbers and what it costs the AARC to operate each specific section. I recently posted a query on the listserve asking for comments or suggestions regarding the Transport Section.

One thing was clear: the printed Bulletin is something people want to see continued. I also received comments that the “Bulletin” is often too focused on air transport. Kathleen Adams brought up a good point when she said that many issues encountered in air transport also affect ground transport. So, with your help I will try to ensure future “Bulletins” contain more articles of interest to those who do both air/ground or ground only. If any of you who primarily transport by ground have interesting tips or stories, please forward them to me. I have done my share of ground transport and know that it is often more challenging than flying.

Why Does Everyone Think Transport is So Easy?

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One thing was clear: the printed Bulletin is something people want to see continued. I also received comments that the “Bulletin” is often too focused on air transport. Kathleen Adams brought up a good point when she said that many issues encountered in air transport also affect ground transport. So, with your help I will try to ensure future “Bulletins” contain more articles of interest to those who do both air/ground or ground only. If any of you who primarily transport by ground have interesting tips or stories, please forward them to me. I have done my share of ground transport and know that it is often more challenging than flying.

Flight Crew Delivers Baby in Route

A flight crew transporting an expectant mother to a hospital in Pennsylvania experienced a first earlier this summer. The STAT MedEvac Helicopter System, operated out of the Baltimore/Washington, D.C. area, has completed nearly 50,000 patient transports since 1984—with many of them specialty obstetrical flights—but never in that time has a crew actually had to deliver a baby on route.

The crew was transporting a 36-year-old pregnant woman from St. Mary’s Hospital in Leonardtown, MD, to Johns Hopkins in Baltimore when they realized the baby just wasn’t going to wait for them to get to the hospital. Flight Nurse Lisa Dornon and Flight Paramedic Jarrett Dixon delivered the six-pound baby, and MedEvac reports both mother and child are doing fine. Dornon summed up the experience for her coworkers when she returned to home base, “I just have to say that, surprisingly, this was the coolest thing I’ve ever done!”

STAT MedEvac is operated by the Center for Emergency Medicine of Western Pennsylvania, serving the Johns Hopkins Hospital System and other health care facilities of the area.

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). To change your option to the electronic Bulletin, send an e-mail to mendoza@aarc.org.

JCAHO ACCREDITATION REPORT: Please continue sharing information about your most recent site visit by filling out the form on the AARC web site (www.aarc.org). To change your option to the electronic Bulletin, send an e-mail to mendoza@aarc.org.

SECTION LISTSERV: Start networking with your colleagues via the section listserve. Go to the section home page on www.aarc.org and follow the directions to sign up.
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I have been involved with transport for about 16 years, and the one thing that has
remained constant is a misconception among my peers that transport is easy work. After
all, they only see us work in the heat and run off to the ambulance or the aircraft, leaving
them to pick up the pieces. The typical lament: “While you were out flying around the
country taking care of one patient, I had 12 nebs and 6 CPT treatments to do.”

It is not easy to convince our coworkers that we are exposed to significant physiologic
and psychological stress as we transport by ground or by air. We work in a very unique
and dynamic environment that varies immensely from the hospital environment. Whether
you are racing down the road in an ambulance at 60 mph or zooming across the sky in a
helicopter at 250-350 mph, you are taking care of a critically ill patient. There is no
physician providing direction as you and your colleagues follow your protocols, basing
the patient’s needs as you transport him to the hospital.

The stress created by taking care of critically ill patients is compounded by environmental
factors such as vibration, noise, fatigue, and even altitude—regardless of whether you are
doing ground or air. While IEs who primarily do ground transport might think “altitude doesn’t
affect us,” a recent discussion on the section listserv suggested otherwise. Kathleen Adams
made a great point when she noted that even going through a small mountain range during
a long ground trip can expose both patient and therapists to altitude changes.

There are eight stress factors that can impact the transport crew in varying levels
depending on mode and duration of transport: vibration, fatigue, noise, barometric pressure
changes, thermal changes, decreased partial pressure of oxygen, decreased humidity,
and gravitational forces. Fatigue is listed as a separate factor; however, it is usually more a
result of exposure to one or more than seven factors than a factor in and of itself. If I know when I return from a transport my adrenaline levels are often high. Then, within an hour, I feel a crash in energy. Ever feel that way?

I am sure this is the cumulative effect of the tension created by dealing with a critically ill
patient and the pressure of dealing with the stress factors of transport. While hospital-based
caregivers may be affected by one or two of the above factors, those of us who do transport
are affected by all of them.

For example, while most transport personnel don’t consider vibration an overly serious
factor, Spaul looked at the relationship of vibration and thermoregulatory responses to heat.
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