

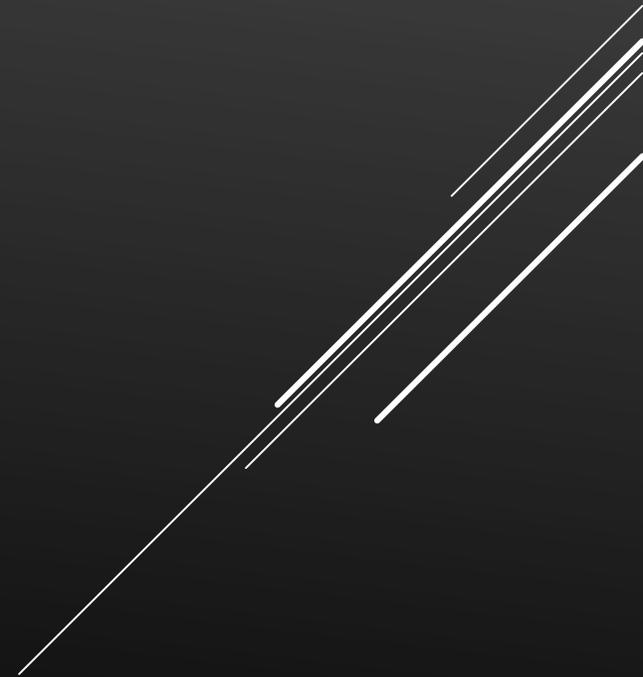
AIRLINE EMERGENCIES

SO YOU DON'T HAVE TO WING IT

Michael Nguyen - Chief Resident
Brianna French - PGY-II



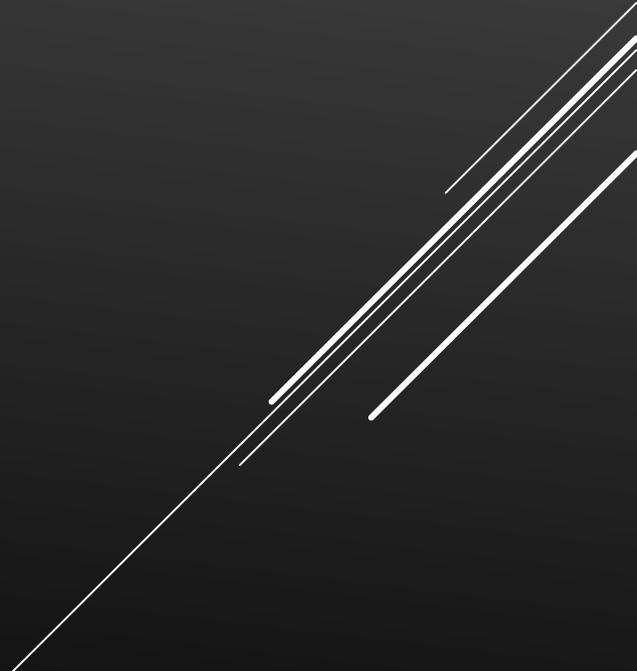
CASE #1 – IS THERE A DOCTOR ON BOARD?



CASE #1 – IS THERE A DOCTOR ON BOARD?



OVERVIEW

- ▶ Airplane physiology and what you can do pre-flight
 - ▶ What emergencies happen on airplanes?
 - ▶ What can you do to help?
 - ▶ What do you have at your disposal?
 - ▶ What are your responsibilities as a physician?
- 

WHEN WE ASKED YOU TO TURN
OFF ALL ELECTRONIC DEVICES, WE
DIDN'T MEAN YOUR HUSBAND'S
PACEMAKER...



MARK
PARISI 9-1

MarkParisi@aol.com

offthemark.com
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CASE #2

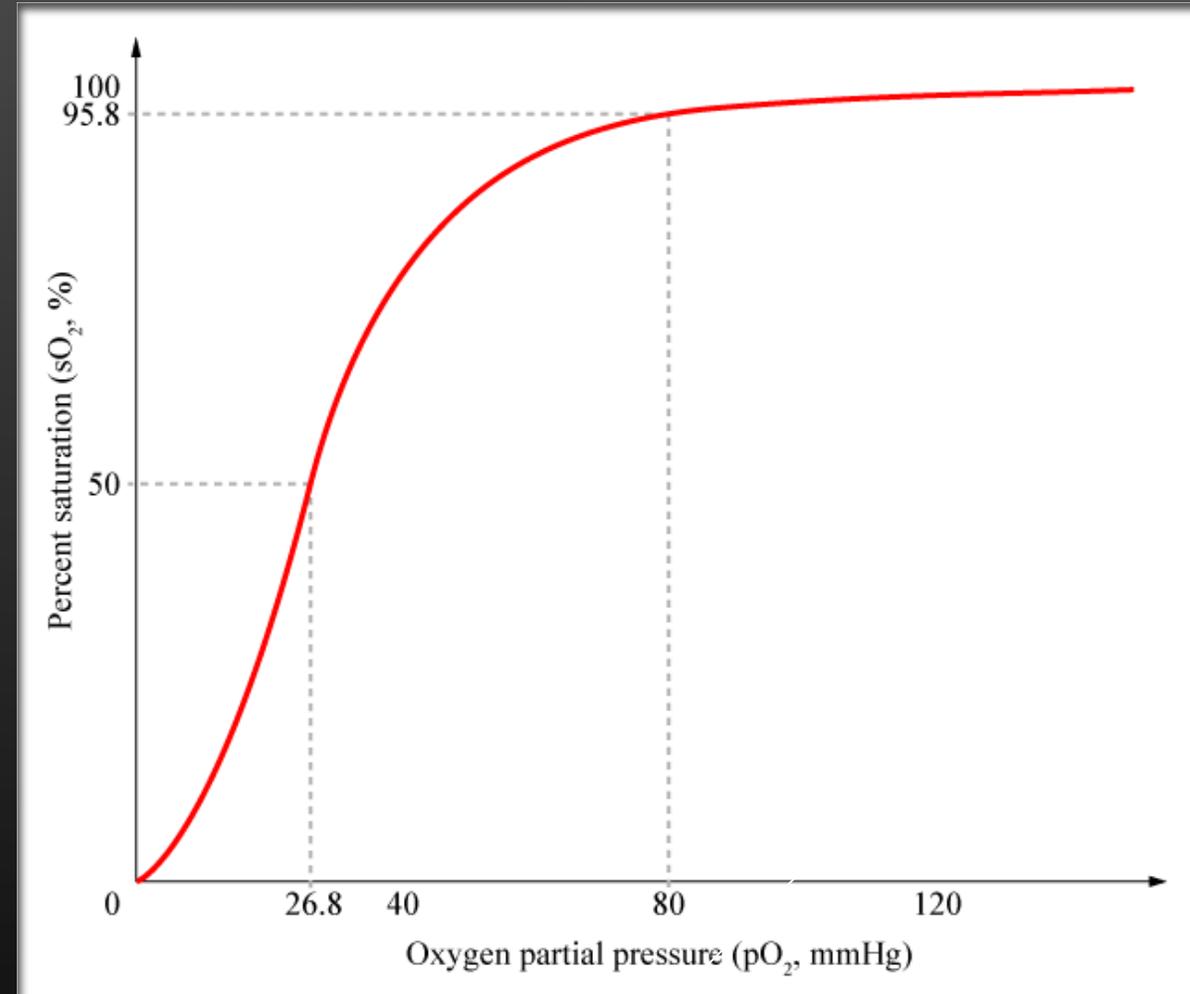
- ▶ 72 yo F PMH COPD, CAD, DMII
 - ▶ No recent COPD exacerbations
 - ▶ Exertional dyspnea otherwise not on home O2 and able to do ADLS
 - ▶ SpO2 in office 91%, most recent PFT (FEV1 45% predicted, FEV1/FVC 68%)
 - ▶ A.) Perform hypoxia altitude simulation testing
 - ▶ B.) Exercise stress test
 - ▶ C.) Arrange In-flight oxygen
 - ▶ D.) No further intervention
- 

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HYPOBARIC HYPOXEMIA

- ▶ Pressurized to ~ 1500-2500m above sea level
- ▶ PaO₂ falls ~30mmHg at 2,438m (8,000ft)
- ▶ In-flight:
 - ▶ Dyspnea
 - ▶ Wheezing
 - ▶ Cyanosis
 - ▶ Chest pain
 - ▶ R sided heart failure

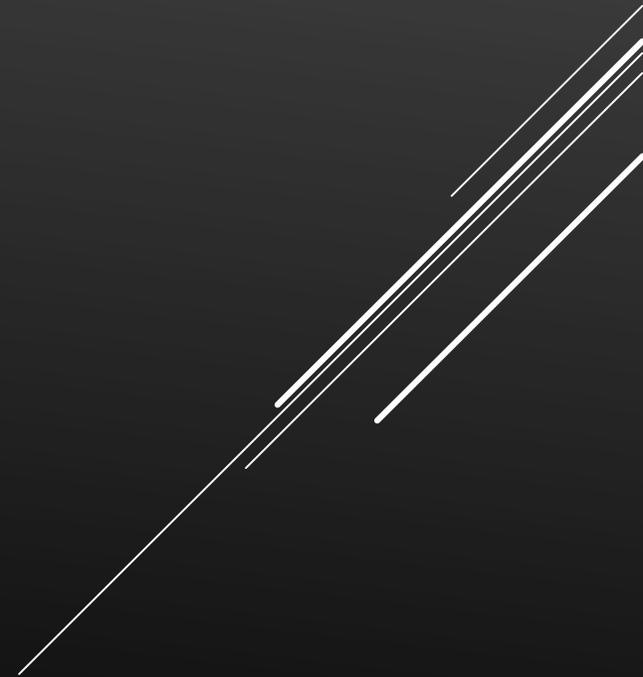


IN-FLIGHT O₂

- ▶ Who needs it?
 - ▶ If O₂ <92% at sea level or <84% w/ 6MWT or 70mmHg PaO₂ at sea level
 - ▶ Realistically anyone with borderline decompensated pulmonary disease
- ▶ How do you get it?
 - ▶ Written script
 - ▶ Arranged through air carrier prior to scheduled flight (do it early)
 - ▶ O₂ concentrators w/ 3L/min continuous flow (6L/min pulse)
 - ▶ Batteries for 1.5 x length of the scheduled flight time

ON-BOARD EMERGENCIES

WHAT COULD GO WRONG?





NEWS

United Airlines flight diverted after pilot's screens go blank

By Yaron Steinbuch

April 5, 2019 | 9:58am



Getty Images

MORE ON: **UNITED AIRLINES**

United Airlines employee allegedly called actress a 'shining monkey'

Doc dragged off United

Houston, we have a problem.

A United flight from Knoxville, Tennessee, to Houston on Thursday was diverted to Dallas after the pilot announced to the passengers that a couple of screens went blank in the cockpit, [according to ABC News](#).

In-Flight Medical Emergencies According to Medical-Problem Category and Outcome.

Category	All Emergencies	Aircraft Diversion	Transport to a Hospital*	Hospital Admission†	Death
			no./total no. (%)	no.	
All categories	11,920/11,920 (100)	875/11,920 (7.3)	2804/10,877 (25.8)	901/10,482 (8.6)	36
Syncope or presyncope	4463/11,920 (37.4)	221/4463 (5.0)	938/4252 (22.1)	267/4123 (6.5)	4
Respiratory symptoms	1447/11,920 (12.1)	81/1447 (5.6)	311/1371 (22.7)	141/1336 (10.6)	1
Nausea or vomiting	1137/11,920 (9.5)	56/1137 (4.9)	243/1025 (23.7)	61/994 (6.1)	0
Cardiac symptoms	920/11,920 (7.7)	169/920 (18.4)	370/813 (45.5)	162/770 (21.0)	0
Seizures	689/11,920 (5.8)	83/689 (12.0)	224/626 (35.8)	75/602 (12.5)	0
Abdominal pain	488/11,920 (4.1)	50/488 (10.2)	164/412 (39.8)	41/391 (10.5)	0
Infectious disease	330/11,920 (2.8)	6/330 (1.8)	45/239 (18.8)	8/232 (3.4)	0
Agitation or psychiatric symptoms	287/11,920 (2.4)	16/287 (5.6)	38/249 (15.3)	17/244 (7.0)	0
Allergic reaction	265/11,920 (2.2)	12/265 (4.5)	40/233 (17.2)	8/229 (3.5)	0
Possible stroke	238/11,920 (2.0)	39/238 (16.4)	92/214 (43.0)	46/196 (23.5)	0
Trauma, not otherwise specified	216/11,920 (1.8)	14/216 (6.5)	34/185 (18.4)	5/180 (2.8)	0
Diabetic complication	193/11,920 (1.6)	15/193 (7.8)	45/181 (24.9)	13/172 (7.6)	0
Headache	123/11,920 (1.0)	10/123 (8.1)	23/108 (21.3)	4/107 (3.7)	0
Arm or leg pain or injury	114/11,920 (1.0)	6/114 (5.3)	27/100 (27.0)	4/98 (4.1)	0
Obstetrical or gynecologic symptoms	61/11,920 (0.5)	11/61 (18.0)	29/53 (54.7)	11/47 (23.4)	0
Ear pain	49/11,920 (0.4)	1/49 (2.0)	2/43 (4.7)	1/43 (2.3)	0
Cardiac arrest	38/11,920 (0.3)	22/38 (57.9)	14/34 (41.2)	1/6 (16.7)	31
Laceration	33/11,920 (0.3)	1/33 (3.0)	3/26 (11.5)	0/25	0
Other	821/11,920 (6.9)	62/821 (7.6)	162/705 (23.0)	36/679 (5.3)	0
Unknown	8/11,920 (0.1)	0/8	0/8	0/8	0

ON-BOARD EMERGENCIES

WHAT COULD GO WRONG?

* Postflight follow-up data on transport to a hospital by emergency medical service personnel were available for 10,877 of the 11,920

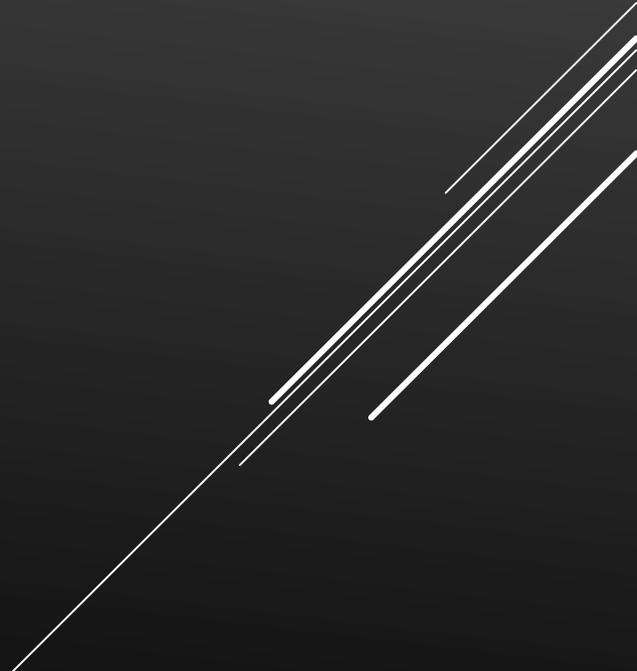
CASE #3

- ▶ You're flying to Australia on vacation for a much needed rest after a tough intern year when you hear "Is there a doctor on board?"
 - ▶ Slumped in her seat, unresponsive, protecting her airway, and still has a pulse.
 - ▶ She slowly starts to wake up and acts embarrassed
 - ▶ What do you do next?
 - ▶ A.) Tell the captain to divert the plane
 - ▶ B.) Ask for the In-flight medical kit
 - ▶ C.) Ask for more history
 - ▶ D.) Go back to your seat and take a nap
- 

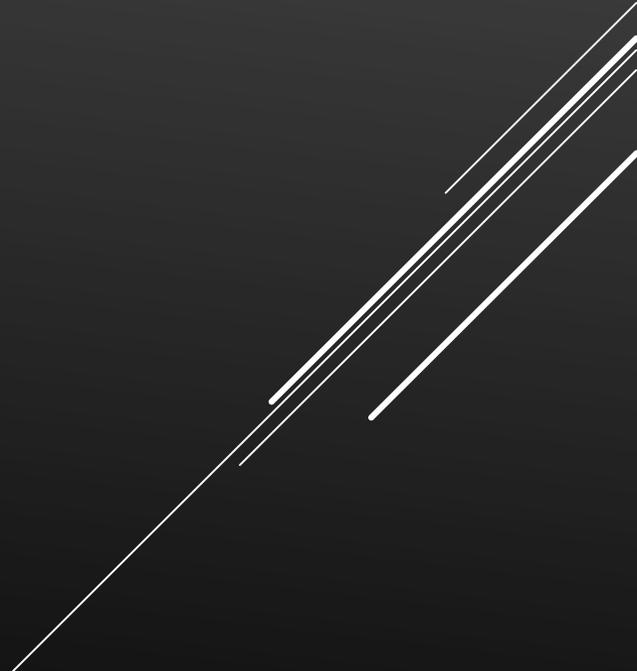
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CASE #3

- ▶ PMH DMII, HTN, asthma, vertigo
 - ▶ You call for the in-flight medical kit
 - ▶ What do you think is available in the medical kit?
 - ▶ A.) Pulse Ox
 - ▶ B.) Glucometer
 - ▶ C.) 500cc NS
 - ▶ D.) both A and B
- 

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CASE #3

- ▶ Differential Diagnosis for Syncope and Collapse
 - ▶ Hypoglycemia
 - ▶ Fluid depletion
 - ▶ Drugs (anti-depressants, beta-blockers, alcohol, illicit)
 - ▶ Panic attack/anxiety
 - ▶ Arrhythmia
- 

CASE #3 TREATMENT

▶ Hypoglycemia

- ▶ Soda/juice, IV Dextrose (50%, 50cc)
- ▶ Glucagon 1mg or Glucose gel (enhanced kits)

▶ Fluid depletion

- ▶ Oral or IV hydration (500cc normal saline)

▶ Panic attack

- ▶ Deep breathing into paper bag
- ▶ Supplemental Oxygen

▶ Drugs

▶ Alcohol

- ▶ IV hydration
- ▶ More alcohol?

▶ Opioids

- ▶ Naloxone (enhanced kits)

▶ Beta-Blockers

- ▶ Glucagon; 1mg vial (enhanced kits)

▶ Arrhythmia

▶ AED

▶ Bradycardia

- ▶ Atropine 0.5mg IV push

Florida man tries to open exit door on flight to China, gets hit with wine bottle

By Ray Downs

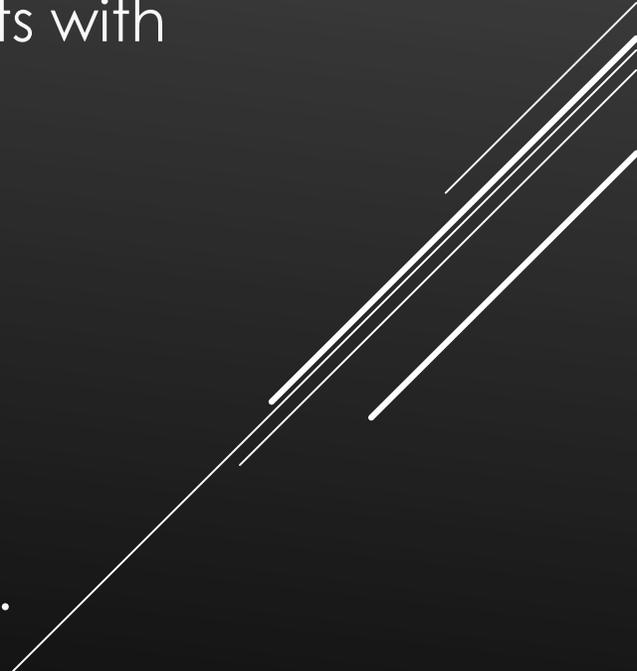
July 8, 2017 at 6:09 PM

Follow [@upi](#)



A Florida man allegedly tried to open the emergency exit door on a flight to China on July 6. Photo by [Gietje/Wikipedia](#)

CASE #4

- ▶ You're flying to LA to a conference when you hear "is there a doctor on board?" ... and you're lucky enough to be the only one...
 - ▶ 78 yo M PMH COPD, HTN, HLD, DMII, prior stroke who presents with severe dyspnea
 - ▶ What would be most useful to do next?
 - ▶ A.) Auscultate the lungs to listen for wheezes
 - ▶ B.) Ask/Pray that someone has a pulse ox with them
 - ▶ C.) Do a physical exam
 - ▶ D.) Wish you had picked a different conference to go to.
- 

CASE #4

- ▶ You're flying to LA to a medical conference and you're lucky enough to be the only doctor on board when you hear "is there a doctor on board?"
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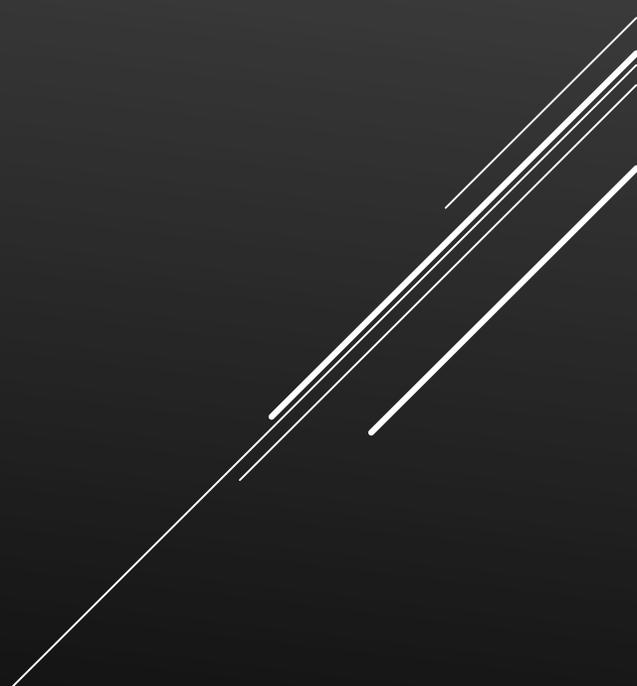
CASE #4

- ▶ Tracheal deviation towards the right
 - ▶ Attempted auscultation demonstrates no breath sounds on the left (although the jet engines make this difficult)
 - ▶ What do you do next?
 - ▶ A.) Divert the plane
 - ▶ B.) Place supplemental O₂
 - ▶ C.) Needle decompression
 - ▶ D.) Channel your inner surgeon and McGyver yourself a chest tube
- 

CASE #4

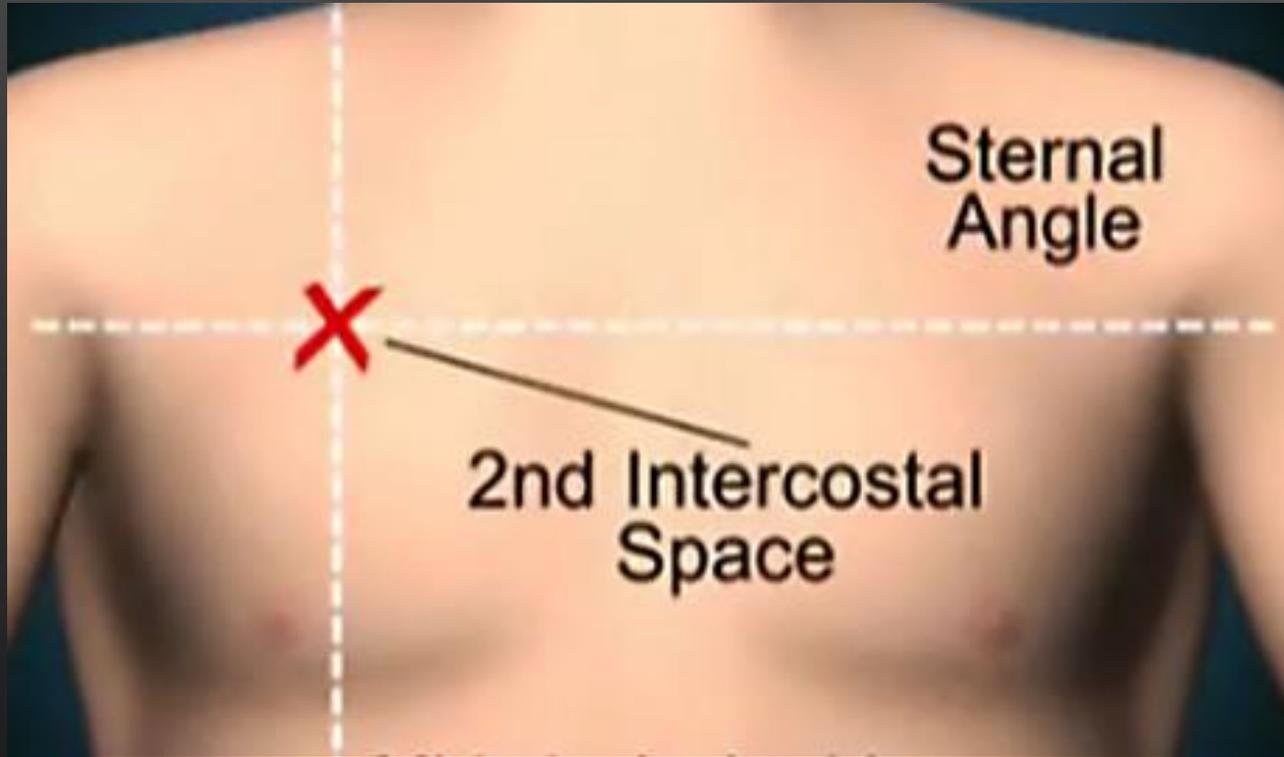
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CASE #4

- ▶ Differential Diagnosis for Respiratory Distress
 - ▶ Tension pneumothorax
 - ▶ Pulmonary Embolism
 - ▶ COPD exacerbation
 - ▶ Asthma exacerbation
 - ▶ CHF Exacerbation
 - ▶ Allergic Reaction
- 

CASE #4 TREATMENT

- ▶ Tension Pneumothorax
 - ▶ 14-16 gauge needle and catheter (really any needle will do emergently) -> 18 gauge
 - ▶ Clean the area (if hemodynamically stable)
 - ▶ Insert 2nd intercostal space in the mid-clavicular line
 - ▶ Direct the needle over the 3rd rib, place a chest tube as soon as possible
 - ▶ Asthma/COPD exacerbation
 - ▶ Bronchodilators, supplemental O₂, Epi (if refractory)
 - ▶ Pulmonary embolism
 - ▶ Supplemental O₂, monitor hemodynamics, may need emergent diversion
 - ▶ CHF Exacerbation
 - ▶ Lasix
 - ▶ Allergic Reaction
 - ▶ Epinephrine 0.2-0.5mg of 1:1,000 (1mg/1mL) IM
 - ▶ ***Note different than ACLS Epi 1:10,000 (0.1mg/ml)
 - ▶ Epinephrine Auto-injector 0.3mg (enhanced kits only)
 - ▶ Oral Airways
- 



Plane forced to make emergency landing due to man's smelly farts

AN AEROPLANE travelling from Dubai to Amsterdam was forced to make an emergency landing after a row erupted over a passenger's smelly farts during the flight.

By NICOLE STINSON

PUBLISHED: 21:01, Mon, Feb 19, 2018 | UPDATED: 21:23, Mon, Feb 19, 2018



A Transavia Airlines plane was forced to make an emergency landing due to a man's farts

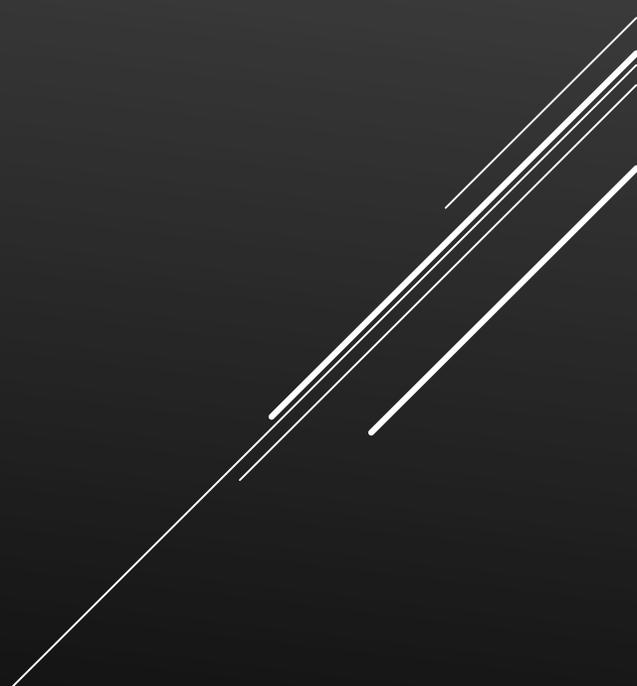
Two Dutchmen sitting next to the offender apparently did not take well to his flatulence, but the unashamed man refused to hold back.

Despite a warning from the pilot a fight between the men then broke out, causing the flight to be diverted to Vienna Airport.

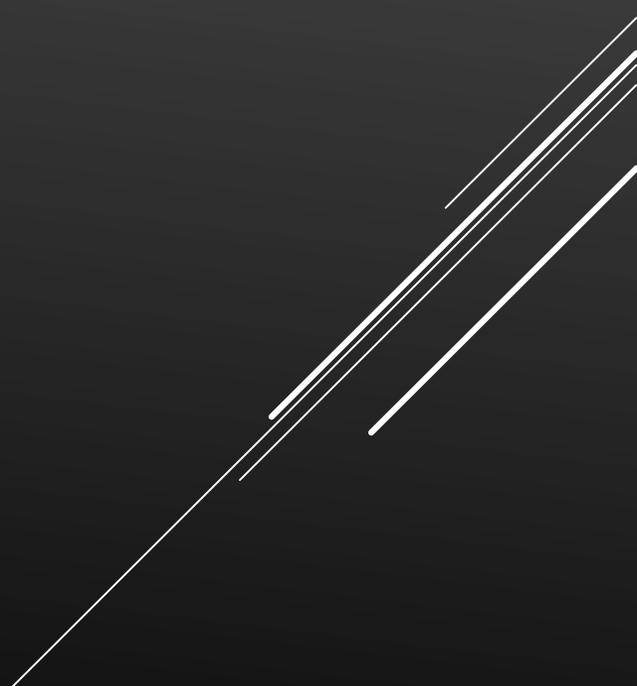
In Vienna police boarded the plane with dogs and removed two sisters and two men after the pilot made a report about "passengers on the rampage".

The two women are now taking the Dutch budget airline to court over their removal from the flight two weeks ago claiming they have done nothing wrong.

CASE #5

- ▶ 78yo M PMHx HTN who has been experiencing “worsening abdominal pain for four hours.” Patient describes his current level of pain as “horrible” and is writhing in his seat.
 - ▶ On questioning the patient’s pain is midline and suprapubic.
 - ▶ Admits to difficulty urinating
 - ▶ Given Benadryl by his son to help sleep on the 12 hour flight
 - ▶ 7 hours of flight time remain
 - ▶ What do you do next?
 - ▶ A.) Divert the plane
 - ▶ B.) Ask for the in-flight medical kit
 - ▶ C.) Pat them on the back, it’s probably nothing
 - ▶ D.) Ask for a different seat
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CASE #5

▶ Differential Diagnosis for Abdominal Pain

- ▶ Acute urinary retention
- ▶ Viral gastroenteritis/foodborne illness
- ▶ Diverticulitis
- ▶ Nephrolithiasis
- ▶ Pancreatitis
- ▶ Obstetric complications
- ▶ Gynecologic

▶ Life Threatening Causes of Abdominal Pain

- ▶ AAA
 - ▶ Acute myocardial infarction
 - ▶ Bowel perforation
 - ▶ Acute bowel obstruction
 - ▶ Placental abruption
 - ▶ Splenic laceration/rupture
- 

CASE #5 TREATMENT

- ▶ Acute urinary retention
 - ▶ Insert 14F urinary catheter (enhanced kits only)
 - ▶ Viral gastroenteritis/foodborne illness
 - ▶ Hydration/500cc normal saline
 - ▶ Promethazine or Antacids (enhanced kits)
 - ▶ Nephrolithiasis
 - ▶ Hydration/500cc normal saline
 - ▶ Ibuprofen (enhanced kits only)
 - ▶ Obstetric
 - ▶ Umbilical cord clamps (enhanced kits)
 - ▶ Shoelaces??
 - ▶ Myocardial Infarction/Chest pain
 - ▶ Aspirin 325mg
 - ▶ Nitroglycerin tablets
 - ▶ Antacids (enhanced kits)
 - ▶ Hydration
 - ▶ Supportive Care
 - ▶ Know When to Ask for Diversion/Emergent Landing
 - ▶ MedAire: 24/7 board-certified emergency physicians (MedLink) able to respond to radio, telephone, or telex calls from pilots and provide remote medical guidance
- 



ABC7 Eyewitness News 

@ABC7



Plane forced to land after passenger uses sleeping husband's finger to unlock phone, finds out he's cheating on her abc7.la/2hfajiP



CASE #6

- ▶ You are now terrified of flying ever since dealing with all these emergencies but you decide to fly NY for the weekend. It's a short flight, what could go wrong?
 - ▶ "Is there a doctor on the flight?"
 - ▶ 57 yo M PMH HTN, DMII, HLD presents with crushing chest pain, radiating down the arm, nausea, and vomiting. He soon becomes unconscious and loses a pulse.
 - ▶ What do you do next?
 - ▶ A.) Divert the plane
 - ▶ B.) Start compressions
 - ▶ C.) Defibrillate
 - ▶ D.) Never fly again
- 

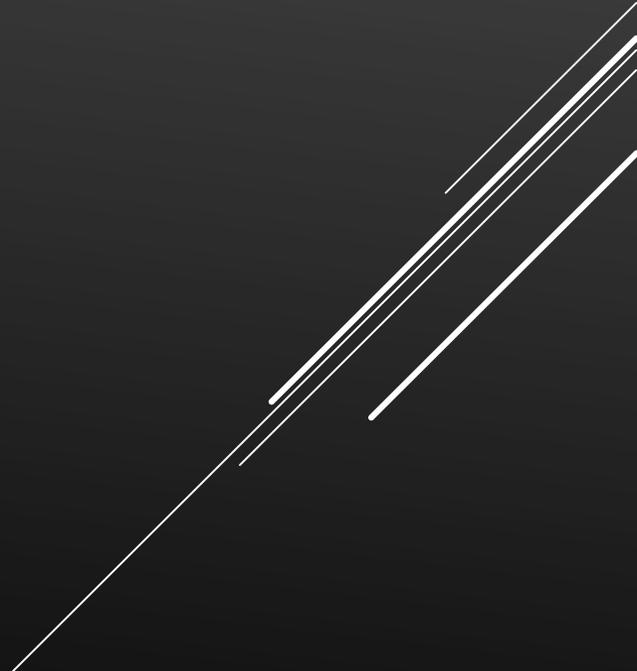
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CASE #6

- ▶ What resources do you have available to help you run the code?
 - ▶ Airline personnel – Flight attendants, Pilots, ground crew
 - ▶ Epinephrine 1:10,000 0.1mg/ml x 2
 - ▶ AED
 - ▶ Oral airways [sorry no ETT ☹]
 - ▶ CPR/resuscitation masks (pediatric, small adult, large adult)
 - ▶ One way CPR valve
 - ▶ Nitroglycerine 0.4mg tablets x 25
- 

CASE #6

- ▶ What happens if they're DNR?
 - ▶ Most airlines will code the patient until landed
 - ▶ Some airlines will not – really up for debate
 - ▶ Do what's best for the patient
- 

HEY COME OUTSIDE

www.facebook.com/AviationMemess



IT'S A BEAUTIFUL DAY

I CAN'T



I'M STILL GROUNDED

WHAT DO YOU HAVE AT YOUR DISPOSAL?

The image features a dark gray background with the text "WHAT DO YOU HAVE AT YOUR DISPOSAL?" centered in a white, sans-serif font. On the right side, there are several white, parallel diagonal lines that create a sense of motion or a graphic element.



- ▶ 2 Alcohol Prep Pads
- ▶ 2pr Gloves, non-latex
- ▶ 1 IV administration tubing with 2 “Y” connectors
- ▶ 1ea IV catheters 18g, 20g, 22g
- ▶ 2ea IV needles 18g, 20g, 22g
- ▶ 1 Shears, trauma
- ▶ 1 Sodium chloride inj., 0.9%, 500mL
- ▶ 2ea Syringes 1cc, 5cc, 10cc
- ▶ 1 Tape 1”
- ▶ 1 Tourniquet

- ▶ ENHANCED KITS
- ▶ 1 Butterfly infusion set 21g

YELLOW – IV EQUIPMENT/FLUID MANAGEMENT



- ▶ 4 Acetaminophen, 325mg tablets
- ▶ 4 Aspirin, 325mg tablets
- ▶ 2 Atropine, 1mg/10mL
- ▶ 1 Bronchodilator, inhaled
- ▶ 1 Dextrose, 50%, 50cc
- ▶ 4 Diphenhydramine, 25mg tablets
- ▶ 2 Diphenhydramine, injectable 50mg/1mL
- ▶ 2 Epinephrine, 1:1,000 1mg/1mL
- ▶ 2 Epinephrine, 1:10,000 0.1mg/ml
- ▶ 2 Lidocaine, 20mg/cc 5cc
- ▶ 25 Nitroglycerin, 0.4mg tablets

▶ ENHANCED KITS

- ▶ 1 Epinephrine auto-injector 0.3mg
- ▶ 2 Furosemide 10mg/mL (2mL vials)
- ▶ 1 Glucagon 1mg (vial)
- ▶ 1 Nalbuphine 10mg/mL
- ▶ 2 Naloxone 1mg/mL (2mL vials)
- ▶ 1 Promethazine 25mg/mL, 1mL
- ▶ 1 Terbutaline 1mg/mL, 1mL

ORANGE – MEDICATIONS

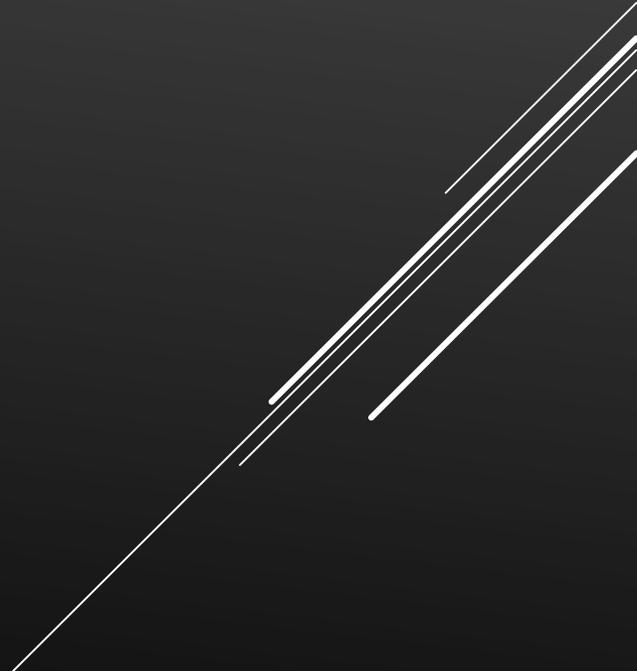
- ▶ 6 Airways, oropharyngeal (6 sizes)
- ▶ 3 CPR/resuscitation masks (pediatric, small adult, large adult)
- ▶ 1 One way CPR valve
- ▶ 1 Self-inflating manual resuscitation device with oxygen tubing

BLUE - AIRWAY

- ▶ Blood pressure cuff
- ▶ Stethoscope
- ▶ AED
- ▶ Sharps container

- ▶ ENHANCED
- ▶ One 14F urinary catheter

EXTERIOR



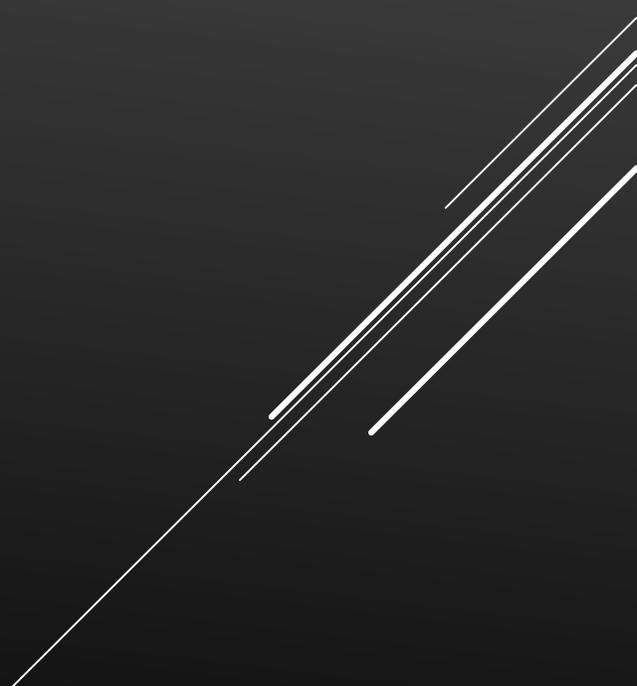
▶ **RED SECTION**

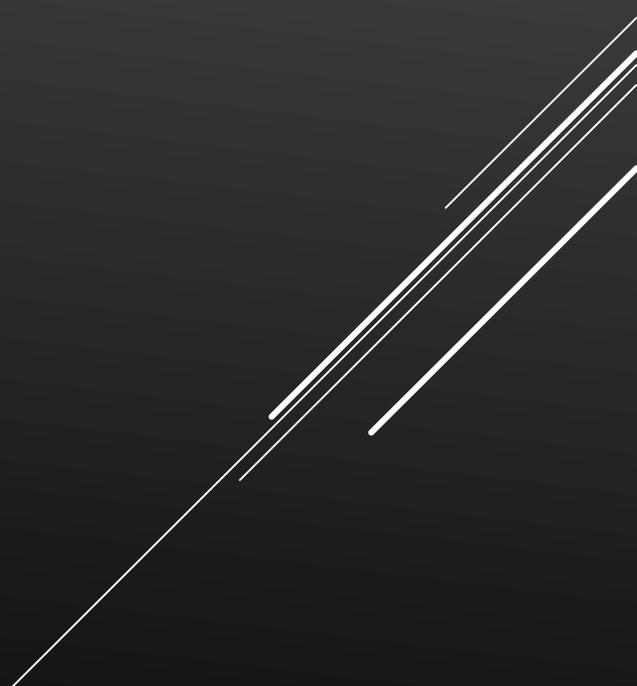
- ▶ Pen light
- ▶ Scalpel (#11 blade)
- ▶ Digital thermometer
- ▶ Umbilical cord clamps
- ▶ Wound closure strips

▶ **BLACK SECTION**

- ▶ 1 Antacid, liquid
- ▶ 2 Dicyclomine 20mg tablets
- ▶ 1 Glucose gel 15G
- ▶ 1 Ibuprofen suspension 100mg/5mL
- ▶ 1 Lidocaine viscous 2% 100mL
- ▶ 8 Naproxen 220mg tablets
- ▶ 1 Oxymetazoline 0.05% nasal spray

ENHANCED EMERGENCY MEDICAL KIT
ADDITIONAL SECTIONS





CASE #7

- ▶ You are flying on your way home from a much needed vacation across the pond when halfway through your 14 hour flight an intoxicated Briton starts harassing the woman seated next to him. The man rips off her headphones and bites them in half.
 - ▶ He then punches the door window of the British Airways jet. He has smashed the inner protective layer, threatening to cause decompression at 35,000 feet!
 - ▶ He is scuffling with four flight attendants and four passengers
 - ▶ You hear the announcement...If there is a physician onboard the aircraft please make yourself known to the flight crew.
 - ▶ What do you do next?
 - ▶ A.) Physically restrain the passenger
 - ▶ B.) Chemically restrain the passenger
 - ▶ C.) Both A. and B.
 - ▶ D.) Sit quietly in your seat and pray he doesn't break the window and cause everyone to fly out of the aircraft
- 

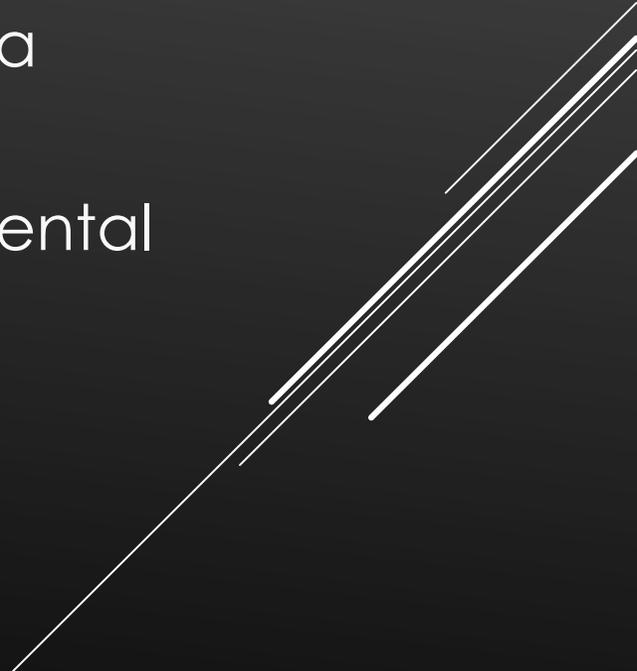
CASE #7

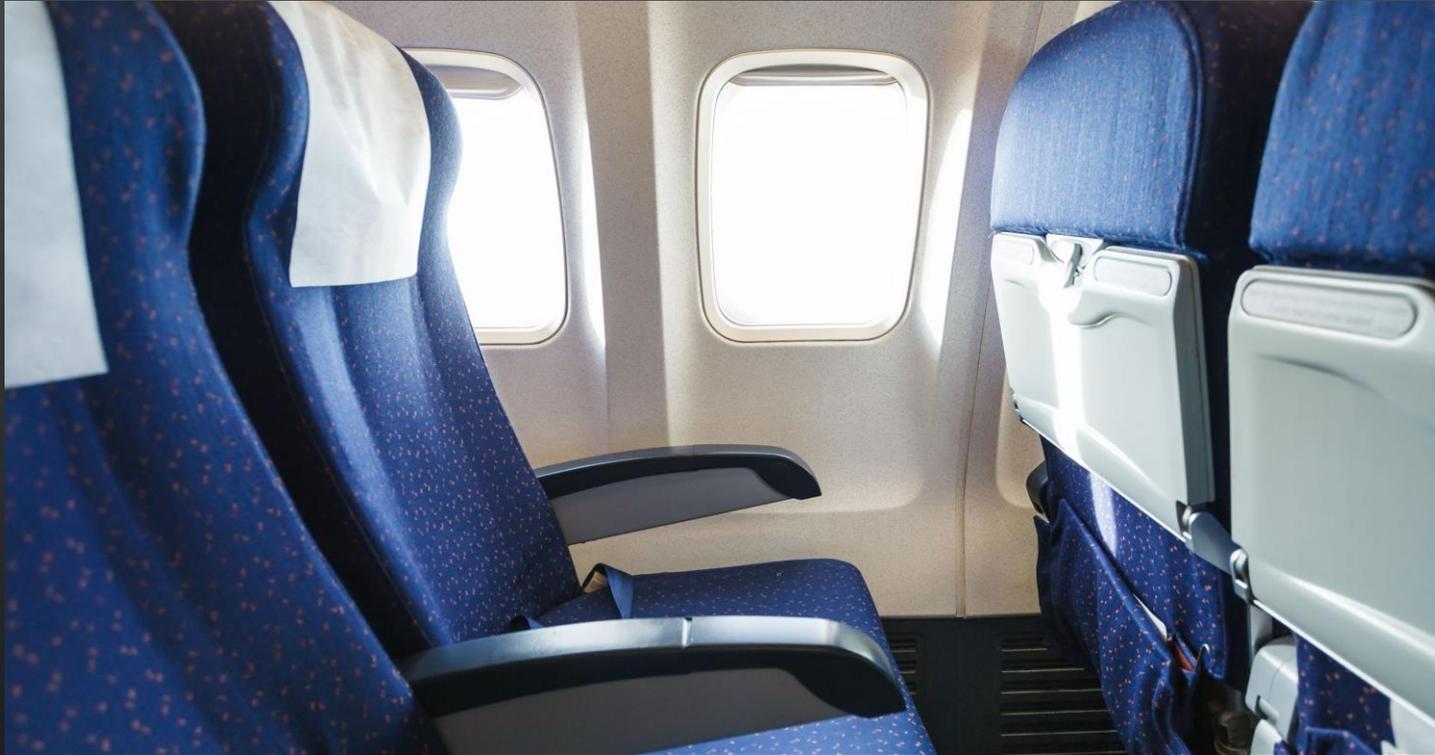
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 - ▶ **C.) Both A. and B.**
 - ▶ D.) Sit quietly in your seat and pray he doesn't further damage the aircraft

AIR RAGE

- ▶ Number of in-flight incidents involving disorderly physical actions has more than tripled since 2001 (3)
 - ▶ These episodes can often be triggered drug/alcohol use or nicotine withdrawal
 - ▶ A physician may often be asked to help sedate a violent or disruptive passenger with parenteral medications if available
 - ▶ CAUTION: When using drugs that may cause respiratory depression or when asked to manage passengers who have already been physically restrained ->avoid restraints that restrict diaphragmatic excursion or inhibit breathing
 - ▶ If sedatives are used the passenger must be closely monitored for the duration of the flight
- 

AIR RAGE

- ▶ Agitation may be caused by medical conditions (hypoglycemia, hypoxia)
 - ▶ Elderly passengers may become agitated after taking a benzodiazepine to control anxiety while flying
 - ▶ Sudden behavioral changes may be caused by accidental rupture of drug bags being carried in the GI tract
 - ▶ The safety of the aircraft and all aboard must take precedence
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.



Airline passenger dies after being sedated by doctor

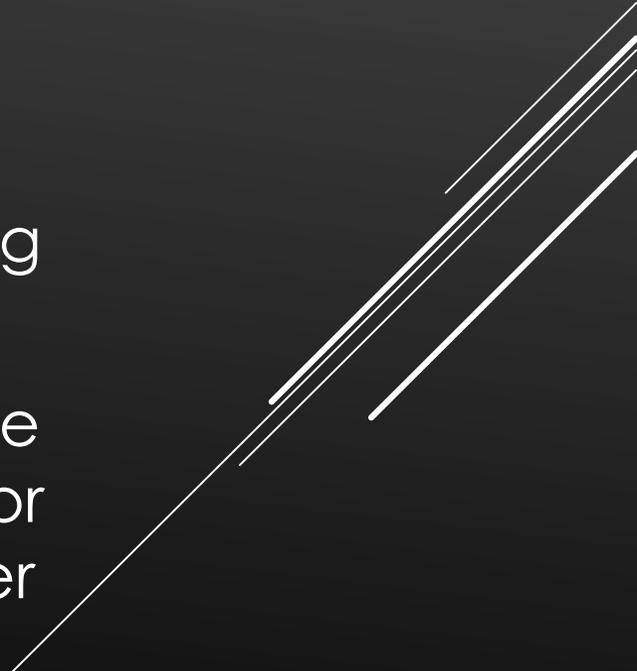
BMJ 1999 ; 318 doi: <https://doi.org/10.1136/bmj.318.7175.12b> (Published 02 January 1999)

Cite this as: *BMJ* 1999;318:12

MEDICAL-LEGAL CONCERNS...
IS THERE A LAWYER ON THE PLANE?

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

AVIATION MEDICAL ASSISTANCE ACT OF 1998

- ▶ Protects physicians in the same way that state Good Samaritan Laws do...(4)
 - ▶ 1. Situation must be a true emergency
 - ▶ 2. Care must be rendered free of charge
 - ▶ 3. Care must be provided in good faith (not doing anything intentional to harm the patient)
 - ▶ 4. Once a physician offers emergency assistance, he or she has a legal duty to remain with the patient until stabilized or until a provider with equivalent or higher training takes over
- 

An American Airlines passenger died after a flight during which a doctor asked crew for an emergency landing 3 times, a new lawsuit alleges

Mark Matousek Apr. 26, 2018, 2:26 PM



A new lawsuit alleges that a doctor on the flight asked for an emergency

THERE'S AN APP FOR THAT!

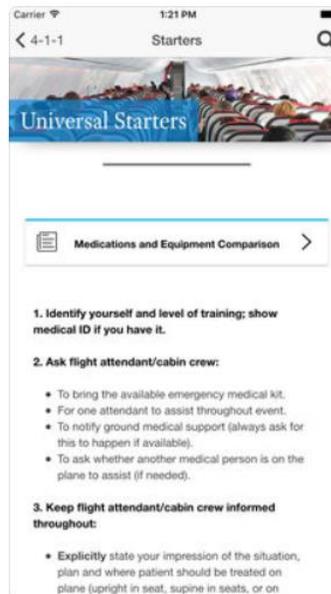
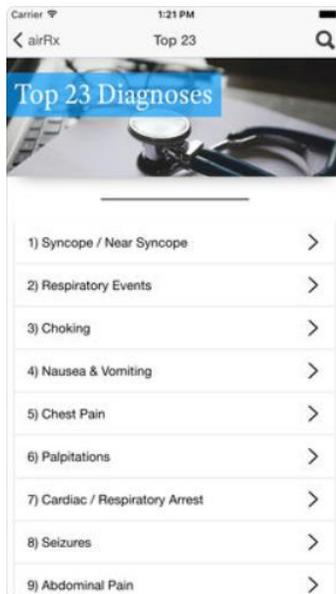
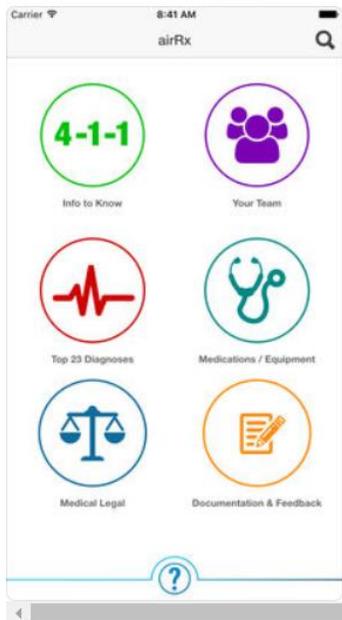


airRx 17+
OSF Healthcare System

★★★★★ 5.0, 9 Ratings

Free

Screenshots [iPhone](#) [iPad](#)



In the end we hope that the next time you fly

on any **American Airlines** you can stand



knowing what you're doing is not a new



and that you won't need to calculate a



Instead you can keep your **spirit** up and take that



next trip to the **jetBlue** sky now that you know what to do in an

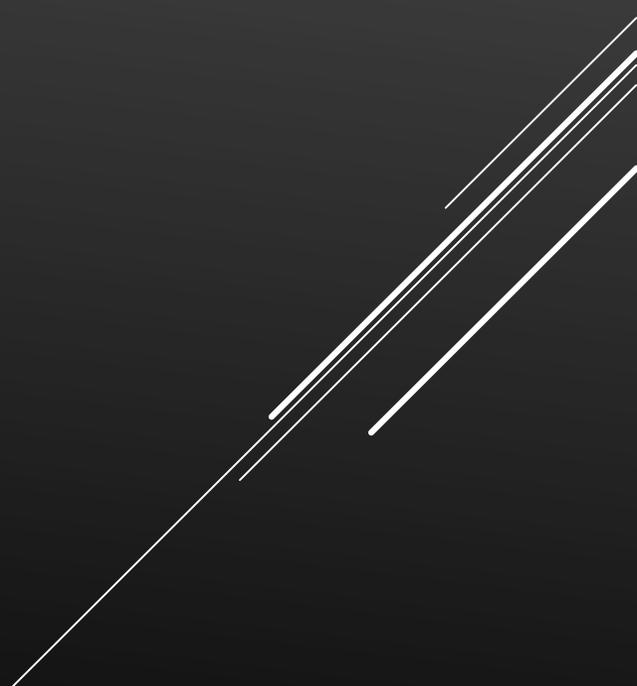
airline emergency!

- ▶ 1. Wallace WA. Fortnightly Review: Managing in flight emergencies. BMJ 1995; 311: 374-375
- ▶ 2. Peterson DC et al. NEJM 2013; 368: 2075-2083
- ▶ 3. https://www.aafp.org/news/blogs/freshperspectives/entry/up_in_the_air_is.html
- ▶ 4. https://www.uptodate.com/contents/management-of-inflight-medical-events-on-commercial-airlines?search=air%20rage&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
- ▶ Parts of this presentation adapted from talk given March 25, 2019 by Jason Napolitano MD, FACP

REFERENCES



MAD PROPS



Thank you!

