

Flight Nursing

BY BG SHARON K. MAILEY, RN, PHD, AND DARLA TOPLEY, RN, MSN

Enjoy the opportunity to see the world while serving your country. You can be a flight nurse or work with another team within the four large medical centers, or in many of the Air Force hospitals and clinics. There are three ways to serve in the Air Force: Active Duty, the National Guard, or the Reserve. Any one of these arenas will lead you to some of the most exciting moments in your life, while providing you the opportunity to demonstrate your clinical and leadership skills. In this article, we offer an overview of flight nursing, as well as memorable experiences from Captain Darla Topley, flight nurse, who shares highlights of our newest program, "Critical Care Air Transport Team" (CCATT). The high level of critical care competence that is provided while in flight is "just part of the job" she says.

"Flight nursing" began during World War II, when programs were developed to assist with air transport for the evacuation of wounded soldiers. Today, the mission of the military air evacuation system is to transport a wide variety of patients under medical supervision while delivering optimal care in a dynamic environment.

Over the past two years, a new concept in aeromedical evacuation, the critical care air transport team, has been developed to meet the ever-changing requirements of the dynamic patient care environment. CCATT was designed to function as a component of the aeromedical evacuation system, to extend the capabilities of aeromedical transportation of critically ill or injured patients who require continuous stabilization and advanced care during transport to the next level of care. It is a limited, rapidly deployable resource available in selected situations to augment the air evacuation system.

In some cases, CCATT augments the regular aerovac crew on the airframe (e.g. C-9 Nightingale). In oth-



Flight nurses on the job

Courtesy U.S. Air Force

er situations, the CCATT operates as a "stand alone" medical team transporting the patient on a much smaller aircraft (e.g., C-21) without the regular aerovac crew. A typical CCATT mission consists of three to four hours of flight time and four hours of preparation (i.e. ground transportation, equipment checkout). CCATT members prepare patients for flight, monitor and intervene as necessary during flight, and maintain continuity of care. Currently, experienced physicians and nurses from the emergency department and critical care units may apply to join the team.

During 1996-1997, Wilford Hall Medical Center, a large military hospital in San Antonio, Texas, supported 130 CCATT missions. These missions have deployed to Honduras, Mogadishu, Rwanda, Equador, Haiti, Germany, New York, and Washington. CCATT is practicing a wartime mission in a real-world environment. Each team consists of a physician, nurse, and respiratory therapist. The CCATT team leader is responsible for all clinical decisions regarding critically ill patients under the team's care while in flight.

CCATT provides care to only 3 patients with a realistic duty day of about 16 hours of patient contact. The team carries all the equipment in backpacks which contain 300 pounds of the newest portable monitoring equipment available, various advanced cardiac life support medications, and airway devices. The CCATT can be airborne, leaving their departing facility two hours after notification for missions located in the United States. Critical care air transport teams are ready to fly at a moment's notice to a medical crisis in any corner of the world. The Critical Care Air Transport Team delivers quality care to patients in dire need. CCATT requires dedicated health care professionals who care for critically ill patients in diverse situations with a common goal of the patient's safety and health.

Have you always wanted a career that gives you the opportunity to assume leadership at the highest levels? If so, the Air Force Nurse Corps is the place to be. These nurses not only provide direct, cutting edge patient care, but they also command many



Courtesy U.S. Air Force

Darla Topley, MSN (far right) with a Korean nurse on a C9 aircraft transporting patients from Guam to Seoul, South Korea in August 1996, after the crash of a Korean Airlines jet.

medical units. Being an Air Force nurse gives you the opportunity to reach for new goals and experience respect, dedication, and a caring environment. The potential for increased nurse leadership roles is no longer a dream, but is a reality for the Air Force nurse. The Air Force Active Duty, National Guard, and the Reserve, are partnering as a strong team providing care at a

moment's notice for response to any crisis in any corner of the world. Come fly with us!

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MEMORABLE MISSIONS

by Darla Topley, MSN

"I am a critical care nurse in a cardiac thoracic intensive care unit with 12 years of military nursing experience. As the nurse manager of CCATT at Wilford Hall Medical Center, I care for patients as a CCATT nurse. Two missions stand out as my most memorable. The first mission involved the transport of a multiple gunshot victim from Haiti to Miami, Florida. This patient was a member of the Canadian military who had been shot 8 times during a robbery. During my 2-hour flight from Haiti to Miami, I hung over 8 liters of fluid and pushed numerous emergency drugs. We made our C-21 a flying critical care unit with an anesthesiologist, surgeon, critical care nurse and respiratory therapist rendering inflight patient care. That mission was critical care nursing at its best — the patient survived and was able to return home several months later.

Another memorable mission was rendering care to the survivors of a civilian Korean airline crash in Guam in 1997. Two CCATT and two burn teams traveled in a C-141 cargo aircraft to Guam with equipment consisting of ventilators, respiratory/heart rhythm monitoring equipment, IV pumps, lab devices, trauma kits, airway kits, burn medication, and advanced cardiac life support medications. Within 12 hours of its arrival on Guam, the CCATT

participated in the aeromedical evacuation of 12 crash victims from Guam to Kimpo International Airport in Seoul, Korea. All 12 patients were litter bound, four had chest tubes, three were intensive care patients, and most were up to 40% burned with multiple orthopedic injuries or fractures. The CCATT augmented the aeromedical evacuation flight crew during the DC-9 flight from Guam to Korea with a return flight to a United States Air Force Base in Japan. The four remaining critical burn patients were medically evacuated the following morning and transported from Guam to the burn intensive care unit at an Army hospital in Texas. These casualties required extensive critical burn care. All of the objectives of the mission were completed. A total of twelve critically ill patients were aeromedically evacuated to Seoul, Korea, and a total of four ventilator-dependent patients were aeromedically evacuated to definitive medical care in the US.

I felt very comfortable working in the local Guam Hospital beside the local physicians and nurses. The United States, Guam, and Korean medical teams were all one family devoted to giving quality patient care. I believe that the essence of nursing practice is caring, and that was everyone's objective in this mission."

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