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Aeromedical retrieval of acute psychiatric patients

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The aim of this study is to review the characteristics of acute psychiatric patients requiring aeromedical retrieval across the Top End of the Northern Territory (NT), to assess the sedation requirements and incidence of in-flight complications, and to review the optimal flight crew composition required for safe retrieval. Retrospective data were collected for all psychiatric patients retrieved by CareFlight Aeromedical Retrieval Service for the Top End of the Northern Territory of Australia over a 12-month period between 1st February 2012 and 31st January 2013. 262 patients were retrieved using fixed-wing transport, 90% were indigenous with a male: female ratio of 1.45:1. Mean age was 31 yrs. 5% of patients were under the age of 18. 81% of retrievals occurred during the day averaging approximately 4 hours 40 minutes. A flight doctor was tasked with a flight nurse to retrieve 79% of patients. 89% of patients received sedation in the healthcare centre prior to flight, while 39% of total patients required further in-flight sedation. Eight patients required intubation before transport. 4% of patient's developed hypotension with the use of propofol. This review highlights the characteristics of psychiatric patients retrieved by an aeromedical retrieval service in the NT of Australia. The majority of patients retrieved had a background psychiatric history and also a history of violence. Given the nature of the retrieval and the risk to crew and aircraft, a flight doctor was tasked on a high number of cases. The complication rate was negligible.

Biography

Jodie A Mills has completed her Master in Public Health majoring in Aeromedical Retrieval and concurrently holds a Post Graduate Diploma in Critical Care Nursing and Bachelor of Midwifery. She is a Senior Flight Nurse specialising in Research and Quality and has been working for CareFlight Northern Territory Operations in Australia for 5 years. She has interest in employing best practice research to continue improving prehospital care in remote Australia, with a focus on developing strategic management pathways that emphasises supportive and responsive aeromedical retrieval of acute psychiatric patients. She will be commencing an RCT in February 2016 comparing the safety of Ketamine versus Propofol in the aeromedical retrieval of acute psychiatric patients.

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