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JOINT EVENT

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Critical care air transfers

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Aeromedical transfers are exponentially increasing worldwide. Aeromedical transfers are expensive and potentially dangerous (to the patient and the team) and should not be undertaken unless necessary indications could be for the specialist intervention, on-going support not available at the referring hospital, investigations, lack of staffed intensive care beds or repatriation to the home country or town. All transfers are done on intensive care society guidelines UK/ AAGBI (Association of Anesthetist Great Britain Ireland) All transfers are done bed to bed. Our team lands a night before and assesses the patient and takes over the ICU care, intervene and optimize the patient for air lifting. Despite these transfers are being inter-facility they are more like primary transfers or may be even pre-hospital depending on the referring hospital. Our transfers are both domestic and International. Types of transfers are level 0 to level 4, and we do organ, patient, surgical team, surgical instruments or any medical related transfers.We do get involved in the end to end logistics for the organ air-lift from deciding the retrieval time to the cross-clamping to creating the green corridors. We have been involved in the International ECMO transfer and was presented in the SWAC 2017 Doha and published in the Qatar medical journal.Qualities and the talents of the aeromedical team are many, decision making at 40,000 feet, with limited support, out of comfort zone, crisp communication, possibly multi-linguistic, rapport with the aviation team, team work, role sharing, multi-tasking and out of box thinking along with the other factors like jet-lag, exhaustion, boredom.

Conclusion: Each transfer is perplexing due to the diverse factors involved like the pre-transfer condition of the patient, cultural variation, financial, immigration clearance, tarmac clearance, language, relatives, and equipment. Knowledge cannot be limited to medical only and cannot always be conventionally adhered to the AAGBI or Intensive Care Society UK guidelines.

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Biography

Shalini Nalwad is a Director and Co-founder ICATT International Health Solutions Pvt Ltd, India. Graduated from Mysore University and obtained Fellowship in anaesthesia from College of Anaesthetist Ireland and Membership from Royal College of Anaesthetist. She is associated with Europe's leading Air ambulance company, has retrieved patients from 5 countries, 2 continents in 72 hours and has undeterringly air-lifted patients from Libya in midst of the turmoil. She has started ICATT an air ambulance company in India in 2014. Has set up guidelines and protocols for the organ air-lifting and has been extensively involved in the organ air-lifting operations. She has made International and National presentations on HEMS, ECMO, Aviation Medicine at Doha, Cairo, Singapore. She is an ECMO specialist from Leicester Glenfield hospital UK June 2015.

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