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Postflight

Family on Board

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What if you had over 20 years of flight experience and you were dispatched to an interfacility call for a 45-minute transport of a child with a rare congenital abnormality that you did not know anything about? Even though that was not the primary reason for the transport, which in itself was not clinically challenging (no drips or ventilator, only basic monitoring was required), a parent requested to accompany the child. What would you do in this situation?

I was faced with this exact situation several years ago at a time when having a family member on board was rarely considered an option. Family members were usually viewed as a potential danger and a possible detriment to the patient and crew, especially if in a critical moment, they might panic, causing an unfavorable outcome for everyone.

In this instance, there were many confounding variables, including the child's unusual genetic underlying disorder as well as her present condition, the length of time they had spent at the transferring facility, the need to get the child to a tertiary center that was familiar with her condition, and the patient's inability to express her own needs or to self-advocate. Eventually, we all agreed that a parent could accompany the child. For the first 20 minutes of the flight, everything was pretty much status quo, but shortly after, things took a sudden and dramatic turn for the worse—to the point that we had to start cardiopulmonary resuscitation and divert to a closer facility. I barely had time to advise the parent what was happening along with our course of action before becoming completely engaged with our resuscitation effort. Throughout those

interminable 5 to 10 minutes of flight, landing, and off-loading the patient to the waiting ground team, my attention would fleetingly turn to the parent, who was sitting quietly throughout. Even after the turnover of care to the emergency staff, the parent remained silently present but out of the way at their child's bedside.

Even though the child was resuscitated, what do you say to a parent who has just witnessed their child nearly die? In my desire to try to explain and to inquire if they had any questions, I was only able to say "I am so sorry" before starting to tear up. To my amazement, the parent looked at me and said, "Thank you for all you did." I felt like I had utterly failed this parent. I had so many questions. What did I miss? What could I have done differently? What if I had listened to my gut and anticipated what was coming and acted sooner? What if I had spent more time with the parents at the sending facility to get a better understanding of their child's chronic and current condition?

Let me say that I am not a parent; I do not have a full understanding of the level of dedication required to take on such a significant role. However, as a family member with aging parents, I can certainly appreciate how it feels to have someone who is probably scared, had already been through several attempts at medical procedures, and had been lovingly cared for, be transported over 100 miles away. To hand over such "precious cargo" to complete strangers and knowing that this person would be alone in a strange place for an undetermined amount of time without a known comforting, knowledgeable, and supportive presence can only

be 1 of the most difficult decisions a family member can make.

This flight still haunts me. I still ask myself all those "what if" questions. I shudder to think that we might have left the parent behind. Could things have really gotten out of control if the parent had panicked and tried to intervene? Absolutely! Were there things I could have done better? Definitely absolutely! Is my conscience at rest by the verbal absolution of the parent? Absolutely not! However, 1 thing I feel that we did right was to have a parent present to be with the child through this event. Can you imagine the feelings the parents may have experienced if after being left behind, they were suddenly faced with the information that their child had coded en route?

I know I am not alone. Every flight crew-member if given enough time and exposure to calls will experience some kind of self-doubting type of call. We must take the lessons we learn during these difficult learning experiences and turn them into a positive outcome in subsequent situations. I now know that although 1 of the challenges in critical care transports is to quickly assimilate information, draw on instincts and past experiences, and move forward with confidence, we also need to take individual concerns into consideration with our decision making. If at all possible, appreciate a family member's need, and if a request is made to accompany, it might well be in the best interest of the patient, the family, and even the crew.

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