



# Passenger Health

**Dr Sarah Aldington**  
**Air New Zealand Medical Officer**

# Times are changing.....





**379 seats.....379 potential  
medical problems**



#### Key

- Air New Zealand
- ..... Key Air New Zealand codeshare partners
- Star Alliance Hub Cities

Routes shown operated by key Air New Zealand codeshare partner airlines are subject to change without notice. Not all routes of partner airlines are shown.

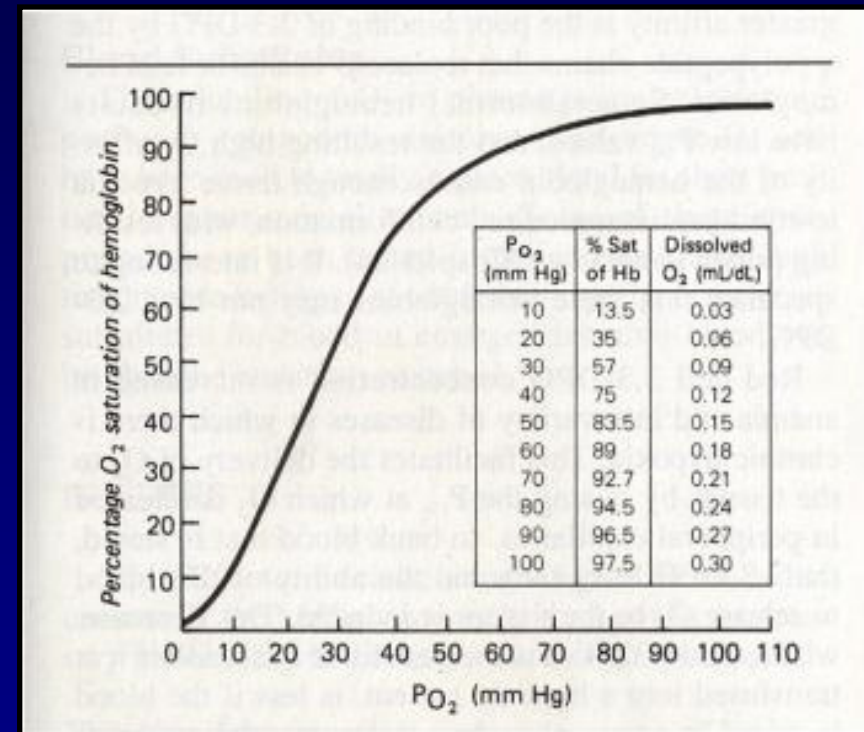
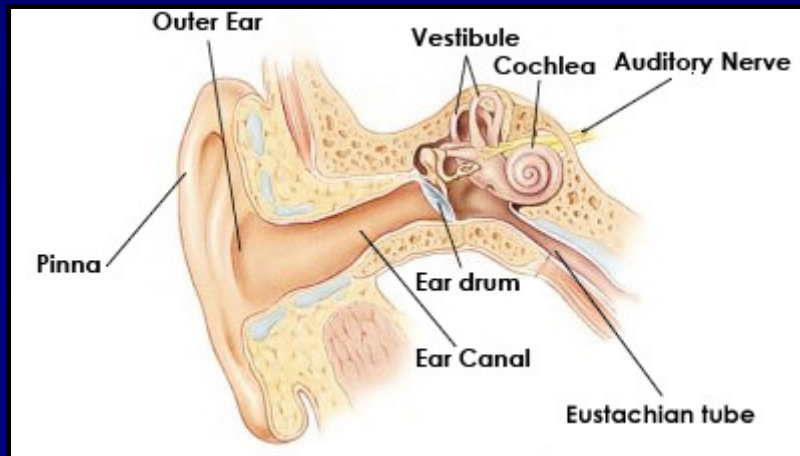
# Passenger health Issues



# At 8,000 ft.....



- Reduced barometric pressure
- Reduced partial pressure of oxygen



# The realities of air travel



- Forgotten medications
- Interaction with alcohol
- Fatigue and stress prior to trip

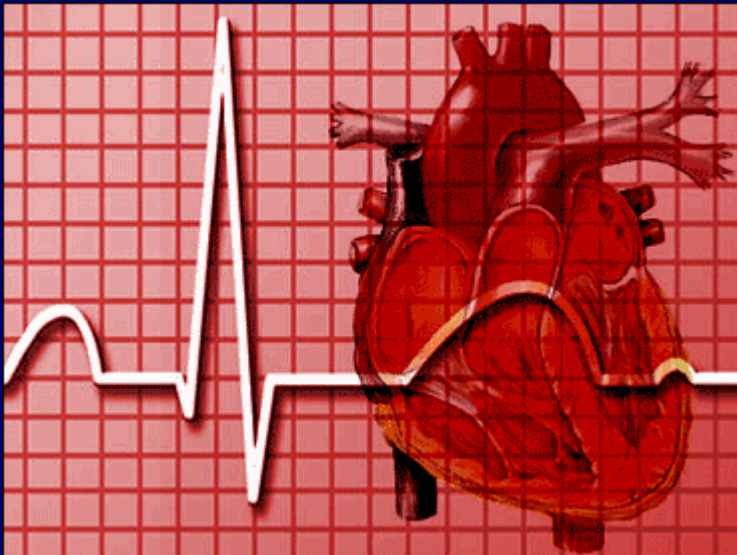




# Cardiovascular disease



- Myocardial infarctions
- Angina
- Cardiac Failure
- Valvular heart disease





# Respiratory disease



- Pneumothorax
- Asthma
- COPD



# Oxygen assessments



- **Complicated**
  - Altitude chambers
  - 15% oxygen trial
- **Simple**
  - Can they walk 100m with their hand luggage unassisted?
  - SPO2 on the ground <88% *does* need oxygen, <93% *may* need oxygen





# Diabetes

- Goal is to avoid hypoglycaemia in flight
- Westwards travel: additional short acting or  $\uparrow$  dose of intermediate
- Eastwards travel:  $\downarrow$  dose of intermediate and long acting insulin
- Storage of insulin



# Broken bones



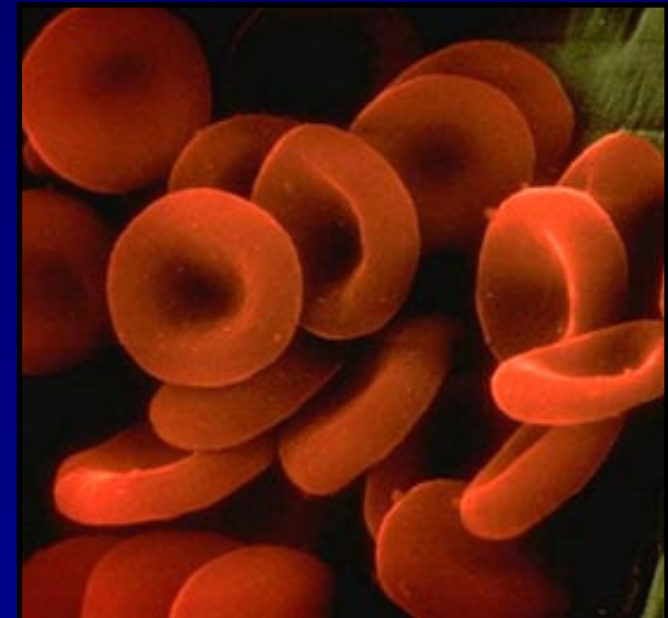
- Causes problems if limb swells within closed cast
- Lower limb casts split if <72 hours
- Long leg casts a problem if limited space
- Exit row not permitted!!



# Haematological conditions



- Severe anaemia
- Sickle cell (rare in New Zealanders)
- Thrombophilia
- Rule of thumb:  
<8g/dl assess need for  
transfusion or  
supplementary oxygen





# Pregnancy

- Placental oxygen preferentially preserved
- Flying permitted up to 36 weeks
- Considerations:
  - Multiple pregnancy
  - Medical complications in foetus
  - History prem labour



# Surgery



- Laparoscopic surgery
- Retinal detachment (SF6 – 6/52 to clear)
- Major abdominal surgery

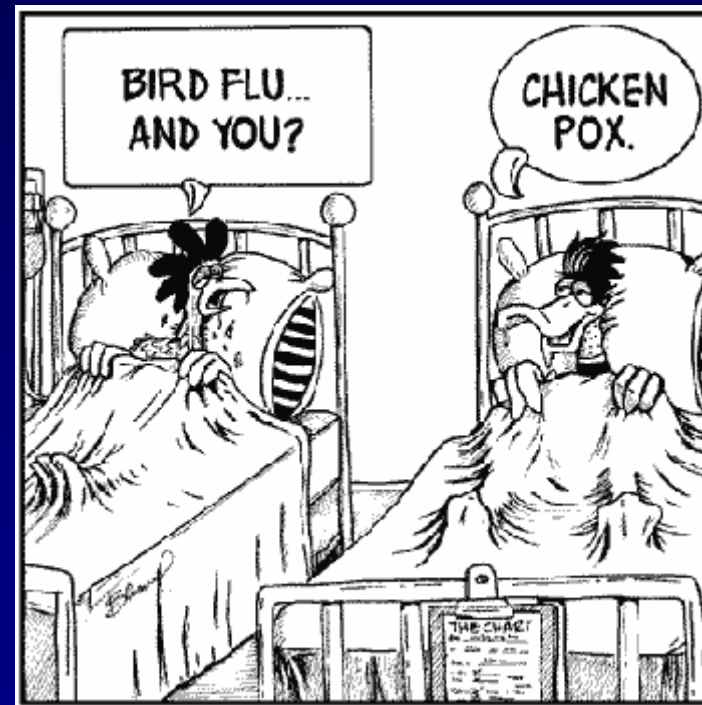




# Infectious passengers



- TB
- Chicken pox
- Measles
- Mumps





# DVT prevention

- Risk secondary to air travel is controversial: 1 in 4656 flights
- Multi-factorial
- Related to duration of flight (>4 hours)

## **Slightly increased risk**

Age >40 yrs  
Obesity  
Varicose veins  
Polycythaemia

## **Moderate risk**

Family history  
Pregnancy  
Post natal  
OCP  
Recent MI  
Limb paralysis  
Limb surgery or trauma

## **High risk**

Previous VTE  
Thrombophilia  
Major surgery  
Malignancy  
Previous CVA



# DVT Prophylaxis

| All passengers                                                                                      | Slightly increased risk | Moderate risk | High risk   |
|-----------------------------------------------------------------------------------------------------|-------------------------|---------------|-------------|
| Avoid alcohol<br>Remain mobile<br>Leg exercises                                                     |                         |               |             |
| Avoid sleeping pills<br>Avoid sleeping for long periods<br>Consider graduated compression stockings |                         |               |             |
| Graduated compression stockings                                                                     |                         |               | LMW Heparin |

# Psychiatric conditions



- Anxiety and fear of flying
- Claustrophobia
- Major Psychoses

- Escort if unstable
- Medical +/- security



# Special Needs



- Mobility
- Blind, Deaf
- Allergies
- Neonates
- Terminally ill





**Medical Fitness for Air Travel (MEDA) - Dec 2003**

PLEASE PRINT IN BLOCK CAPITALS

Flight Details - Your Travel Agent will complete this. Air New Zealand Booking Reference: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DAYTIME TELEPHONE: ( ) \_\_\_\_\_

Flight No: NZ Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Flight No: NZ Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Flight No: NZ Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Flight No: NZ Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Are you travelling with: (please circle): A companion? A doctor? A nurse?

Their Name: \_\_\_\_\_ Their Air New Zealand Booking Reference : \_\_\_\_\_

Medical Details - Your Doctor will help complete this.

**DIAGNOSIS OR CONDITION**

DESCRIPTION : \_\_\_\_\_

SEVERITY Mild ☐ Moderate ☐ Severe ☐

Date of Injury/Illness/Surgery (if applicable): \_\_\_\_\_ Date of Discharge from Hospital (if applicable): \_\_\_\_\_

Services Requested - Your Doctor can help with this. Tick (✓) as required.

☐ Aisle Seat ☐ Wheelchair to the aircraft steps (can manage steps if required)

☐ Seat Near Toilet ☐ Wheelchair to the aircraft door (cannot manage steps)

☐ Quadriplegic torso harness ☐ Wheelchair to the aircraft seat (cannot walk from door to seat)

Note: Ambulance arrangements to/from airports are passenger/escort responsibility.

☐ Oxygen 2 litres per minute by Nasal Prongs: needs to be **AVAILABLE CONTINUOUSLY** (extra charge applies see note page 2)

Note: Other flowrates available by special arrangement

☐ Stretcher } Air New Zealand International Services Only.

☐ Oxygen Bottles to drive ventilator } must be escorted by Qualified Doctor/Nurse

☐ Power Supply to drive incubator } with all necessary equipment for in-flight care. (See Page 2)

Other Requests: \_\_\_\_\_

PLEASE NOTE: Flight attendants can not provide assistance with heavy lifting, eating, personal hygiene, ostomy devices or administering medication. Passengers needing help with these need to be accompanied by someone who can assist.

**DOCTOR'S CERTIFICATE**

AIR NEW ZEALAND LIMITED acknowledges that in providing the requested/attached MEDA information the medical practitioner concerned is providing an opinion to the best of his/her knowledge and assessment of the subject and that the final decision as to whether to accept the subject for carriage on its services rests with Air New Zealand Limited alone.

I have read the considerations overleaf and on the notes attached to this form. In my opinion this person is safe to undertake the proposed flight, is not contagious, and is not likely to effect the safety or well-being of other passengers. I agree that the services requested above are appropriate in the circumstances. This passenger is able to take care of his/her own meals, transfers, personal hygiene, administering medication and other needs in flight. (or escorted by someone who can assist with these needs).

Additional Comments: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Qualification / Speciality: \_\_\_\_\_

Doctor's Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

PLEASE FAX THIS PAGE ONLY TO AIR NEW ZEALAND CARINA Services : (+64 - 9) 336 2856 OR EMAIL TO [CARINA.SERVICES@AIRNZ.CO.NZ](mailto:CARINA.SERVICES@AIRNZ.CO.NZ)

Office Use Only:



# Considerations

1. Is the person a risk to others? (infectious diseases)
2. Will flying exacerbate or complicate the condition?
3. Might the condition cause problems in flight that are difficult to deal with? (seizures)
4. Are there special requirements e.g. oxygen, escort?



# Stretchers





# **Is there a doctor on board?**

**In flight emergencies**



# The logistical problems

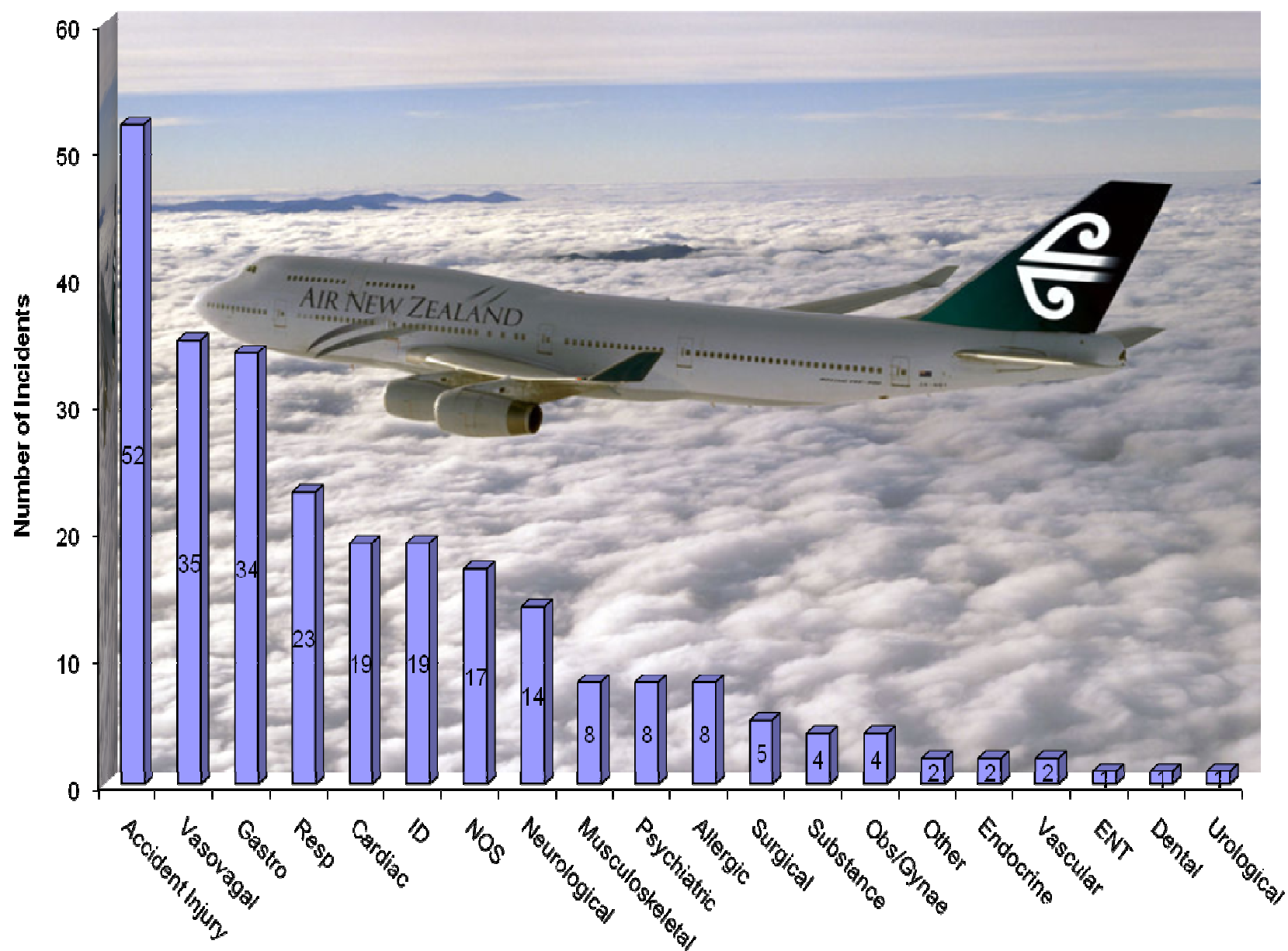
- Facilities Limited
- Reduced Pressure
- Expertise
- Conditions
- Remote Location
- Legality



# The medical problems

- **Serious problems**
  - Anaphylaxis
  - Choking
  - Cardiac Arrest
- **Typical Problems**
  - The 4 A's
  - Fear of Flying
  - Indigestion
  - Motion sickness

## Air New Zealand In-flight Medical Emergencies From 1 May 08 - 31 May 09









# Ground based assistance

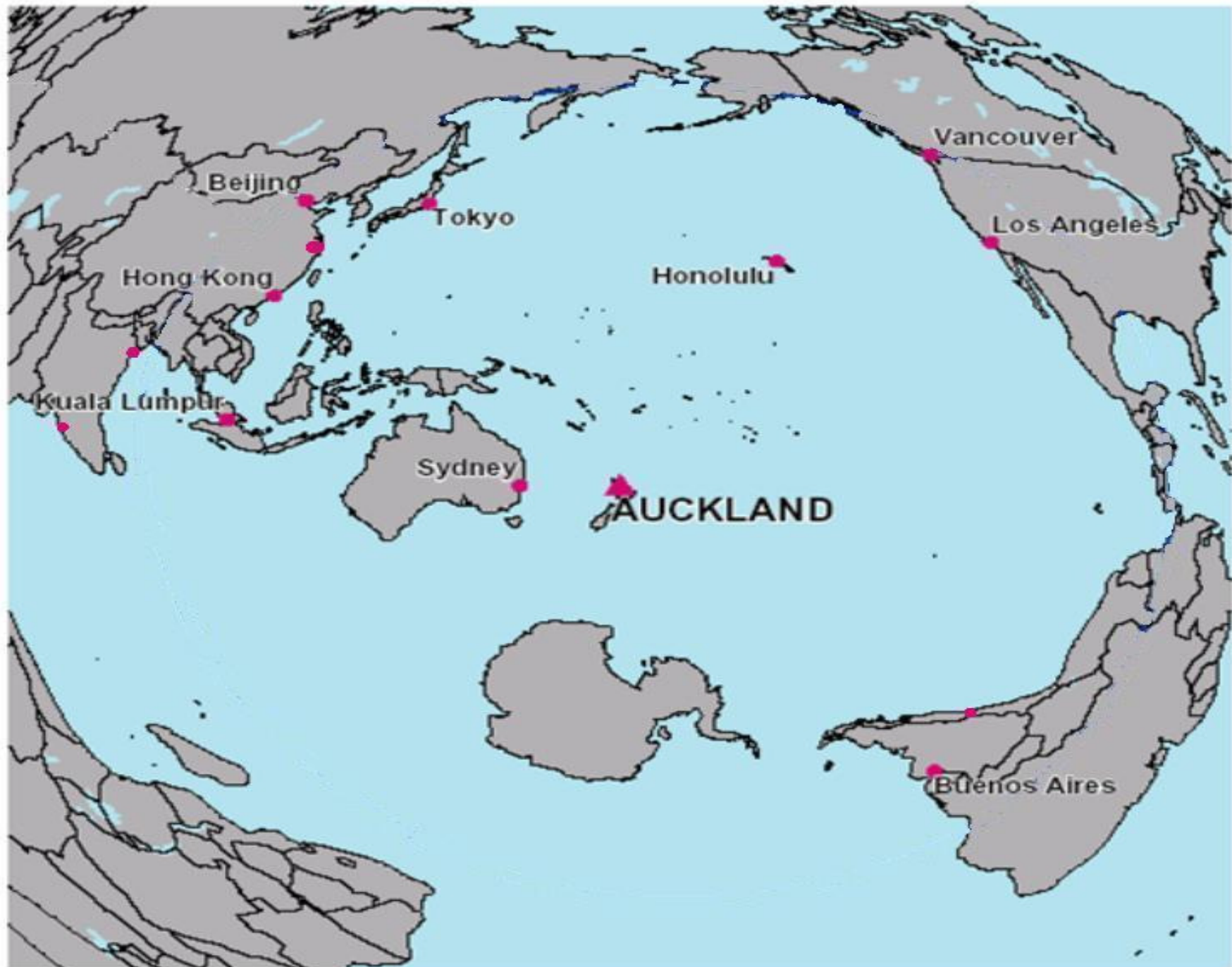




# To divert or not to divert?



- Location
- Fuel
- Medical facilities at destination
- Weather



Questions?