

AirDocs Emergency Cases

- 1: A fully loaded Regional Jet contacted the AirDocs physicians regarding a passenger falling in and out of consciousness with poor color, shallow breathing and very low pulse (40 beats per minute). The Flight Surgeon who took the call assessed the situation after speaking with the crewmembers. The pilots were advised to divert immediately. They were located on FlightAware and directed towards the most appropriate airport close to a hospital equipped to handle the patient's ailment. Our doctors debriefed the crew, and coordinated EMS and hospital response so they were prepared to take on patient. The passenger had a heart block requiring an emergency pacemaker insertion. The likely outcome if treatment had been delayed or landed at the wrong airport could have been fatal. Our Emergency doctors coordinated initial care, follow up, current updates to air carrier, recorded call transcript, oversaw patient transportation home, and submitted case summary documentation within 12 hours.
- 2: Staff Flight Surgeons were contacted inflight video radio relay regarding a passenger with GI symptoms because the crew planned to divert and wanted to know where to go. Upon speaking directly with the passenger, our doctors determined the passenger had nausea but no diarrhea and was able to tolerate minor fluids. Staff Flight Surgeons stayed in careful touch with the crew at intervals throughout the flight to check on the passenger. Upon landing, the patient felt better and costly divert was safely averted.
- 3: First officer called from his cell phone sitting in the cockpit at the gate loading passengers. He had a pain radiating to the right shoulder, but according to the pilot, it was not too bad. The Flight Surgeon discovered that the pilot had eaten a fatty meal at McDonalds and determined the symptoms were consistent with acute cholelithiasis. The pilot was advised to self-ground immediately and pilot contacted the company to request a reserve pilot. FO went to the hospital was admitted and surgery was successful followed by an uneventful recovery. A highly probable and costly airborne divert was prevented. Flight ops was provided with a case summary promptly. The pilot was given written instructions of what documentation & FAA grounding period he faced before returning to Flight Duty.

Following crewmember medical events, AirDocs physicians review the initial treatment reports as soon as available. Cases vary dramatically from immediate Return to Flight clearance (RTF) to short term grounding due to FAA Mandated condition grounding periods, treatments, or prescribed medications. In cases where RTF is going to be delayed we advise the crewmembers on FAA approved treatment plans and FAA required medical records or tests. This is done immediately with an Action Plan Checklist so that downtime is minimized. The crewmember is advised of likely testing or follow-up visits which will be needed to expedite and Flight Ops personnel planning. In cases, that require FAA Medical Certification Division representation AirDocs is able to provide full required reporting in partnership with airline legal.



document

Incident records
& call records kept



advise

Pilots, flight ops,
airline management,
& legal realtime



protect

Help make sure the
correct decisions are
made for patients



oversee

Care & follow-up
continues even after
patient is no longer
in air & with first
responders



report

Handle full FAA
mandated incident
documentation
reporting