Notification of Possible Physiologic Episode (PE)

A (PE) is defined as follows:

i) Unanticipated symptoms of one or more somatic disturbances occurring during flight, after flight or experienced relative to maintenance requiring the operation of the aircraft.

ii) The symptoms are distracting to the safe operation of the aircraft or degrades the mission capability of the air or maintenance crew.

iii) Manifestation of any of the following symptoms:

- Feeling slowed or “off”
- Light-headedness
- Difficulty Breathing
- Anxiousness / Nervousness
- Personality changes¹
- Feeling euphoric or elated
- Vertigo or “room-spinning” sensation
- Vision changes or complaints
- Any other symptoms of DCS I / II
- Changes in thought processes¹
- Disorientation
- Fatigue or drowsiness
- Memory Difficulties¹
- Difficulty communicating¹
- Pain anywhere, esp. in joints
- Nausea
- Skin rashes
- Dizziness
- Headache
- Clumsiness
- Fatigue or drowsiness
- Vertigo or “room-spinning” sensation
- Vision changes or complaints
- Any other symptoms of DCS I / II
- Changes in thought processes¹
- Disorientation
- Fatigue or drowsiness
- Memory Difficulties¹
- Difficulty communicating¹
- Pain anywhere, esp. in joints
- Nausea
- Skin rashes
- Dizziness
- Headache
- Clumsiness
- Flight Surgeon meets aircrew at flight line
- EMS Transports aircrew to flight surgeon/aviation medicine clinic (on 100% O₂)
- Aircrew returns to aviation medicine clinic
- Rad-57 analysis
- Comprehensive Physical Exam (per UMO Guidelines)
- Labs: CBC, UA, BMP, SRS²
- Part C
- 72hr history

- Symptoms resolved with O₂ and/or Descent?
  - NO
  - Fluctuations in Cabin Pressure?
    - YES
      - Call NAMI UMO to discuss:
        - 850-449-4629
        - Have SLAM stick data
        - DCS I will likely require only 2 hrs on 100% O₂
        - *DCS II must be reviewed with NAMI UMO prior to discharge
    - NO
      - Symptoms resolved with O₂ and/or Descent?
        - YES
          - Conclusion of PE:
            1. Aircrew will f/u with Flight Surgeon 24hrs after episode or discharge
            2. Flight surgeon must communicate working diagnosis and plan to the aircrew, their command and medical chain of command (to TYCOM level)
            3. Aircrew being discharged should have someone (roommate or family) watching them for 24hrs until f/u to ensure no recurrence of symptoms or other subtle changes
            4. Complete AHLTA PE template as well as HAZREP for documentation
        - NO
          - DON’T DELAY!!
            - Get SLAM stick data
            - For DCS II/AGE*
              - Call NAMI UMO:
                - 850-449-4629
              - Call transport
              - Call Chamber
              - Bring copy of Initial Neuro Exam w/ pt
              - FS escorts patient to chamber
              - Keep on 100% O₂
              - Hydration (Oral/IVF)

- From Rad-57: Is 1) SpO₂ > 95% on RA AND 2) SpCO < 10%?
  - NO
    - Draw venous blood gases, CxR, COHb
    - Consider transport to ACLS facility for further workup
    - Do not delay transport!!
  - YES to either
  - NO

1 May be self-reported or endorsed by significant other or peer who knows the aviator well enough to report subtle changes in personality or thought processes

2 Serum Repository Sample (SRS), VOLUNTARY DRAW, order as an HIV sample, for future analysis of contaminants

* KNOWN or SUSPECTED DCS II or AGE MUST be reviewed with NAMI UMO!!PRIOR!! to discharge