Notification of Possible Physiologic Event (PE)

A Physiologic Event (PE) is a specific subset of a Physiologic Episode (PHYSEP) directly attributed to a suspected aircrew or aircraft systems malfunction resulting in physiologic symptoms as follows:

i) 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 degrade 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 changes

- Feeling euphoric or elated
- Vertigo or “room-spinning” sensation
- Vision changes or complaints
- Symptoms that suggest DCS I / II
- Changes in thought processes

- Disorientation
- Fatigue or drowsiness
- Memory Difficulties
- Difficulty communicating
- Pain anywhere, esp. in joints
- Clumsiness

Flight Surgeon meets aircrew at flight line
-or-
EMS Transports aircrew to flight surgeon/aviation medicine clinic (on 100% O2)
-or-
Aircrew returns to aviation medicine clinic

- Labs: CBC, UA, BMP, SRS
- Rad-57 analysis while on RA
- Comprehensive Physical Exam (including full neuro evaluation)
- 72hr history

Rad-57 shows:
1. \( \text{SpO}_2 > 95\% \) on RA
2. \( \text{SpCO} < 10\% \)

Consider putting pt on O2!
Call NAMI UMO to discuss:
850-449-4629
- Have SLAM stick data available

Don’t delay!!!!
Place/keep pt on 100% O2
- Call NAMI UMO:
850-449-4629
- Call transport
- Call Chamber
- DCS II/AGE* like sx:
  - Obtain CXR/ECG
  - FS escorts patient to chamber
  - Bring copy of Initial Neuro Exam w/ pt
  - Hydration (Oral/IVF)

Conclusion of PE:
1. Flight surgeon must communicate working diagnosis and plan to the aircrew, their command, and medical chain of command (up to TYCOM level)
2. Complete Part C and AHLTA PE template
3. Aircrew being discharged should have someone (roommate or family) watching them for until f/u is complete to ensure no recurrence of symptoms or other subtle changes
4. Aircrew will f/u with Flight Surgeon 24 and 48hrs after episode or discharge - Update Part C if additional treatment required
5. Complete WESS entry as directed by Safety Officer

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
# If transported for CO intoxication, continue to follow PE reporting requirements
* KNOWN or SUSPECTED DCS II or AGE MUST be reviewed with NAMI UMO!! PRIOR!! to discharge

Updated: 20 APR 18 ver. 2.0