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 changes¹

- Feeling euphoric or elated
- Vertigo or “room-spinning” sensation
- Vision changes or complaints
- Symptoms that suggest DCS I / II
- Changes in thought processes¹

- Disorientation
- Fatigue or drowsiness
- Memory Difficulties¹
- Difficulties communicating¹
- Pain anywhere, esp. in joints
- Dizziness
- Skin rashes
- Nausea
- Headache
- 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, SRS²
- Rad-57 analysis while on RA
- Comprehensive Physical Exam (including full neuro evaluation³)
- 72hr history

Rad-57 shows:
1. SpO₂ > 95% on RA
2. SpCO < 10%?

YES to both
1. Symptoms resolved with O₂ and/or Descent?
2. Normal Comprehensive Physical Exam?

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

NO to either
Chamber not indicated
Transport not indicated

- Draw venous blood gases and COHb
- Place on 100% O₂
- Obtain CXR
- Consider transport to ACLS facility for further workup⁴

Conformation 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
⁴ 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

Update: 24 SEP 2018 ver. 2.1