

## 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:

- One or more somatic disturbances occurring during flight, after flight or experienced relative to maintenance requiring the operation of the aircraft.
- The symptoms are distracting to the safe operation of the aircraft or degrade the mission capability of the air or maintenance crew.
- Manifestation of any of the following symptoms:

Feeling slowed or "off"  
Light-headedness  
Difficulty Breathing  
Anxiousness / Nervousness  
Personality changes<sup>1</sup>

Feeling euphoric or elated  
Vertigo or "room-spinning" sensation  
Vision changes or complaints  
Symptoms that suggest DCS I / II  
Changes in thought processes<sup>1</sup>

Disorientation  
Fatigue or drowsiness  
Memory Difficulties<sup>1</sup>  
Difficulty communicating<sup>1</sup>  
Pain anywhere, esp. in joints

Skin rashes  
Nausea  
Dizziness  
Headache  
Clumsiness

Flight Surgeon meets aircrew at flight line  
-or-  
EMS Transports aircrew to flight surgeon/aviation medicine clinic (on 100% O<sub>2</sub>)  
-or-  
Aircrew returns to aviation medicine clinic

- Labs: CBC, UA, BMP, SRS<sup>2</sup>  
- Rad-57 analysis while on RA  
- Comprehensive Physical Exam (including full neuro evaluation<sup>3</sup>)  
- 72hr history

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

YES to both

1. Symptoms resolved with O<sub>2</sub> and/or Descent?  
2. Normal Comprehensive Physical Exam?

YES to both

**Consider putting pt on O<sub>2</sub>!**  
**Call NAMI UMO to discuss: 850-449-4629**  
- Have SLAM stick data available

NO to either

Transport not indicated

NO to either

Chamber indicated

Chamber not indicated

- Draw venous blood gases and COHb  
- Place on 100% O<sub>2</sub>  
- Obtain CXR  
- Consider transport to ACLS facility for further workup<sup>#</sup>

Transport indicated

**Don't delay!!!!**  
**Place/keep pt on 100% O<sub>2</sub>**  
**-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)

**Treat as indicated by sx**  
-DCS I like sx may require 2 hrs of GLO

### Conclusion of PE:

- Flight surgeon must communicate working diagnosis and plan to the aircrew, their command, and medical chain of command (up to TYCOM level)
- Complete Part C and AHLTA PE template
- 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
- Aircrew will f/u with Flight Surgeon 24 and 48hrs after episode or discharge - Update Part C if additional treatment required
- Complete WESS entry as directed by Safety Officer

<sup>1</sup> 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

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

<sup>3</sup> Appendix 5A, U. S. Navy Diving Manual – Vol. 5

**# 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**