

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 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
Difficulty communicating¹
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% 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

Transport not indicated

NO to either

Chamber indicated

Chamber not indicated

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

Transport indicated

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)

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

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

³ 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**