

Is your passenger fit to fly?

Passenger illnesses can come in all sorts of disguises – a few clues may help cabin crew decide which of these could spell trouble.

Dr David Newman

The International Civil Aviation Organization forecasts that 3038 billion passenger kilometres will be flown by the world's airlines by 2001. Most of these passengers will tolerate the stresses of flight with no difficulty, but for a small minority their air travel will lead to a deterioration of their medical condition. Most of us take for granted the

relatively benign nature of the airline cabin, coping well with the 6000-8000ft cabin altitude, the shirt-sleeve environment and the low humidity of 10-20 per cent. We also cope reasonably well with timezone changes. Passengers with pre-existing medical conditions may have less ability to tolerate these situations, and become increasingly unwell as the flight progresses.

The low partial pressure of oxygen in the cabin does not normally present a problem for healthy passengers. However, people with heart or lung disease or anaemia may suffer, depending on the extent of their disease and the flight duration. People with these conditions are likely to experience progressively more symptoms of hypoxia during the flight. These can range from mental confusion to complete loss of consciousness or even death, in the

worst cases. Passengers with cardiac

problems may attempt to compensate for their hypoxia by increasing their breathing and heart rates, which will probably be obvious to the astute observer. Such passengers may need

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additional oxygen for the duration of the flight to prevent them becoming seriously ill.

Most passengers with serious cardio-respiratory conditions will be very familiar with their disease, and will hopefully have taken precautions before embarking on their flight. They may have arranged to travel with their own oxygen and an attendant. However, what about those passengers whose condition isn't normally that bad, and who believe themselves to be fine and well, but will probably develop a problem inflight? Can you as a cabin attendant identify early those passengers who may have potential problems during the flight, so that you can intervene if necessary?

There are a few clues. Patients with significant heart disease may have swelling in the



PHOTO COURTESY ST JOHNS AMBULANCE

ankles and lower legs. A passenger with very swollen legs could have a heart condition, and would be worth keeping an eye on. So would the passenger who is obviously short of breath when boarding the aircraft, particularly if this was via an airbridge rather than stairs! If they have such difficulties at ground level, they are likely to become much worse at altitude.

Clinical clues: The passenger who looks very pale may have anaemia, with reduced oxygen-carrying ability. These people are often short of breath at sea-level, and could become more so at altitude. They are also likely to suffer from dizziness and lightheadedness, and in severe cases they may lose consciousness. None of these clues are guaranteed, of course. The short of breath passenger may have just run all the way from the car park, while the pale passenger may be apprehensive about the flight (and for that reason probably still worth keeping an eye on).

Diabetes is a relatively common condition, which under most conditions does not impair an individual's ability to undertake air travel. However, with insulin-dependent diabetes, problems may be encountered during longhaul flights involving many time zone changes. The normal pattern of insulin injections and food intake may be disrupted, increasing the potential for hypoglycaemic episodes, mental impairment and even unconsciousness. Most diabetics are aware of their own particular requirements, but even the best laid plans can go awry. Cabin attendants faced with a passenger who is confused or not otherwise well should consider the possibility that the passenger may be a diabetic in trouble.

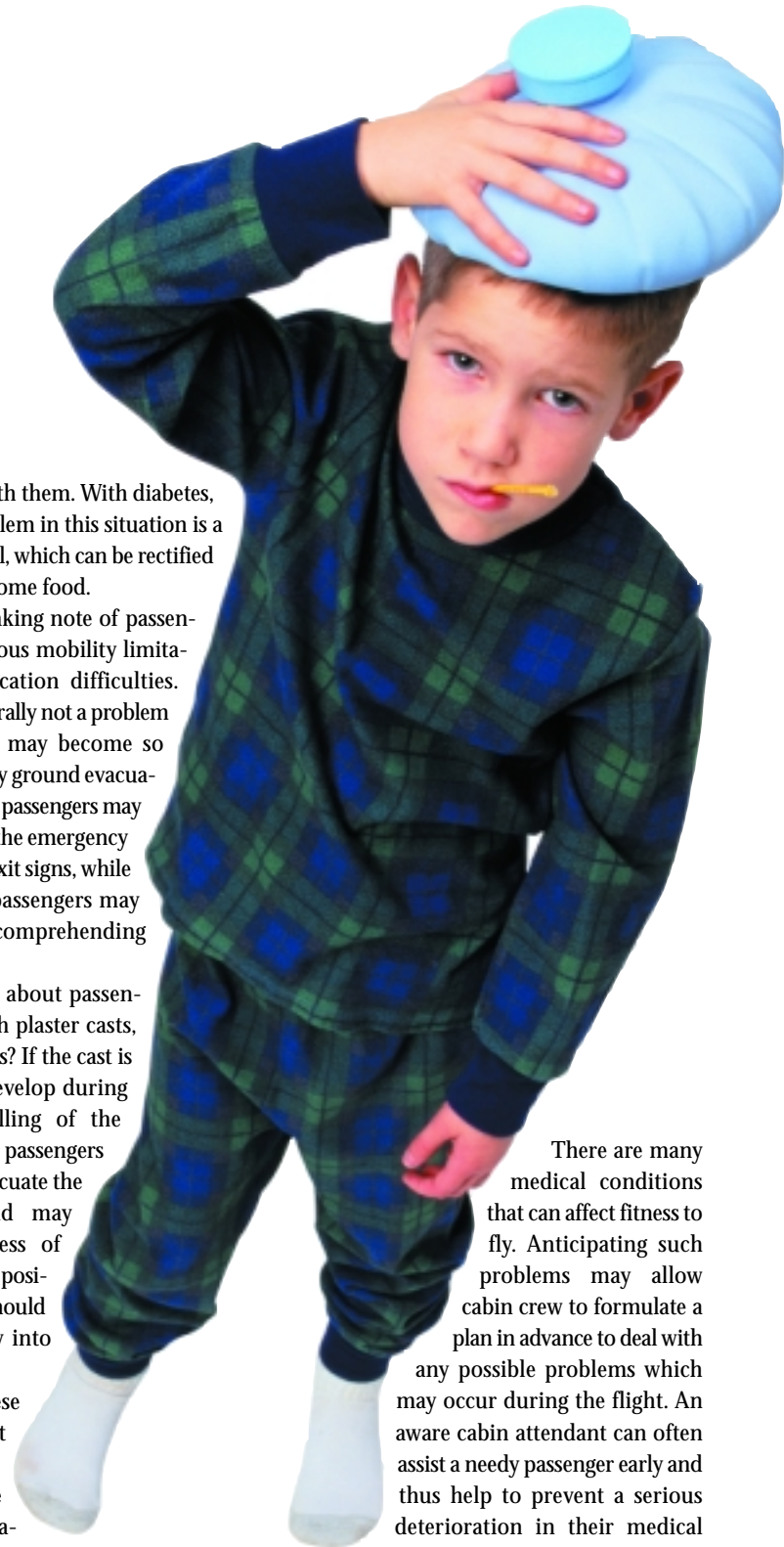
It is always worth asking the passenger or

people travelling with them. With diabetes, the most likely problem in this situation is a low blood sugar level, which can be rectified fairly quickly with some food.

It is also worth taking note of passengers who have obvious mobility limitations or communication difficulties. While these are generally not a problem during flight, they may become so during an emergency ground evacuation. Sight-impaired passengers may have trouble seeing the emergency floorlights and the exit signs, while hearing-impaired passengers may have difficulty comprehending instructions.

Out quickly: What about passengers who travel with plaster casts, especially on the legs? If the cast is recent, pain may develop during flight due to swelling of the affected limb. These passengers will be slower to evacuate the aircraft cabin, and may impede the progress of others. Their seating position in the aircraft should take this possibility into account.

The ability of these passengers to get out of the aircraft quickly should be taken into consideration by the vigilant cabin attendant. Special instructions and advice may need to be given to these passengers if an emergency situation develops.



There are many medical conditions that can affect fitness to fly. Anticipating such problems may allow cabin crew to formulate a plan in advance to deal with any possible problems which may occur during the flight. An aware cabin attendant can often assist a needy passenger early and thus help to prevent a serious deterioration in their medical condition.

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