

AUGUST 2024



Wings over Wellington

Photo Credit Mark Geikenjoyner, Nelson Flight RN

**College of Air and Surface Transport Nurses
Section of the New Zealand Nurses Organisation**

From the Editor – Tania Parr



Kia ora koutou katoa,

August just like that! Hopefully you are all keeping warm, we certainly have had some cracker frosts in Nelson, with some absolutely superb blue-sky days

The committee has been busy preparing for the Aeromed conference. Thank you to everyone who submitted photos for our banner competition, and congratulations to all who's photo will be proudly displayed on the new COASTN banner at the conference. We hope many of you can attend this in September and come and say hi to the committee who will be manning a stall during the conference.

This article features an article by Rose Gilbert, and the challenge and perspective of a transport Zambian style. Also some great updates from across the country – thank you to everyone who has contributed. We are getting a good spread from around NZ which is so good to see. I'd still love to hear from some of our land based transport teams.

See details for how to nominate a transport nurse who goes above and beyond for their patients, and transport nursing for the annual COASTN award.

See details on save the date for the 2025 Retrieval course.

As always, I need your stories, case studies, photos – please forward these to me at any time – The emag is published 3 times per year, the next due out in December 2024, so be sure to get snapping when you are out flying/on the road. tania.parr@nmdhb.govt.nz

Ngā Mihi

Tania

Did you know that COASTN is on social media?

Find us on Facebook <https://www.facebook.com/groups/250823442046051/?ref=share>
and on Instagram <https://instagram.com/nznocoastn?igshid=YmMyMTA2M2Y=>

Chair Report – Lynette Will



It's nice to see the day's are starting to draw out and the signs of spring are in the air, we have daffodils out and spring blossoms on the trees in the South despite last weeks wintery blast. It feels like it has been a realitively mild winter so far and hopefully that continues into spring.

We were blown away by the entries we were sent for the photo competition and it was very difficult to select the finalists. Congratulations to those who were finalists, look for your photos on our banner, we will post a photo of the banner when it is made. Congratulations to Bonnie Easterbrook who won the members vote for her photo, she won a place at the COASTN 2025 symposium.

We have our AGM at the ASA conference in Christchurch on September which will also be an online meeting. The link to the meeting will be sent out to all members prior to the meeting. Please join us for the twenty to thirty minutes the meeting takes as we need a quorum to be able to make decisions. Look out for the reports which will be sent to you all prior to the AGM.

We farewelled Helen Poole and Taz Irving-Fynn from the committee at our April meeting and thanked them for thier service on the committee Helen as our treasurer, and Taz also for her amazing work as course coordinator. We held interviews for the course coordinator in April and I am pleased to announce that Helen Poole was successful in her application. She is already working towards the next course for early Feb 2025.

Sam Collis has taken over the treasurer role which has been a huge committment from her as there have been some challenges with Kevin (NZNO accountant) retiring from his role and temporary positions in place while they recruited to his role. Jodie Purches was also seconded onto the committee and has been working with Andy to source merchandise for us.

On that note we have merchandise for ordering. Jackets, Hoodies and teeshirts. The link to order these is <https://forms.office.com/r/XhaxNev9pg> This form has sizing guides on it. Get your order in as these are great deals and at this stage we will only be putting in one order.

Don't forget the ASA conference 24-26 September in Christchurch, this is an international conference of a very high standard so don't miss the opportunity to attend.

Lastly but most importantly don't forget to get your nominations in for the Nurse of the Year award the link to the nomination form is [Nurse of the year award COASTN](#) and nominations go to Coastnflight2023@gmail.com

Happy transporting

Lynette

COASTN Chair

Regional Updates



New Zealand
Air Ambulance
Service

Life saving care in the air

Hi everyone,

Our NZAAS teams across New Zealand are experiencing a busy winter season including an increase in ECMO retrievals handled with the CVICU teams possibly due to a seasonal spike in influenza cases.



We have recently welcomed three new flight nurses at our Auckland base: Jannette, Sarah and Analiza, all are completing or have recently completed their orientation ground school and training flights. Additionally, three transport nurses to our ground ambulance service in Whangarei: Amber, Sheree and Sue. NZAAS now have road ambulances based in Auckland, Whangarei and Hawkes Bay. Our ground ambulance service and drivers have enhanced our interoperability and response times and are a welcome addition to our national air ambulance service.

In September, a group of NZAAS staff from various disciplines are looking forward to attending the ASA conference and supporting Andrea and Cassidy, who will be discussing a couple of international medevacs from a mission coordination perspective. They will demonstrate that organising each mission involves so much more than most of us realise, that no two missions are ever the same, and that thorough preparation is always crucial for a successful medevac.

Take care and we hope to see many of you at ASA in Christchurch.

Angela and the NZAAS teams.



Whangarei Flight Team

Kia Ora from the Whangarei Intensive Care Unit Flight Team,

As we fly through this year, our retrieval service has seen a steady altitude of activity, reflecting both the growing lift in demand for our services and the turbulent challenges we face.



Landing at Kaitaia Airport

In addition to our usual rotor-wing flights utilising Northland Rescue Helicopter's two Sikorsky S76-C++ aircraft, we've seen a notable increase in the use of the nurse-only fixed-wing transfer service with the New Zealand Air Ambulance Service's King Air B200, based at Onerahi Airport. This service has been invaluable, particularly for reducing access barriers to our rural Far North communities.

Nurse-only transports frequently involve transferring cardiac patients from Kaitaia



Motutara Point/Whananaki

We are currently expanding our flight team to facilitate more nurse-only transfers to reduce access barriers and care inequity for our rural Northland communities. We're also excited to welcome a new member to our team – Haeleigh! Haeleigh joins us with a wealth of experience in critical care, and we're thrilled to have her airborne. Her passion for aeromedical retrieval and her commitment to patient care is already evident, and I'm sure she'll be a fantastic addition to our team.



Cape Brett

Hospital requiring angio and workup in the new(ish) Whangarei Cath Lab commissioned in 2021. We have also conducted multiple longer fixed-wing repatriations, occasionally venturing out of the mainland's airspace to the Southern Island. The King Air is also used for our category one transfers and is especially useful when the helicopters cannot fly due to the North's winterless weather conditions!

One such night involved back-to-back fixed-wing transfers for two Category One patients from Whangarei Hospital to Auckland Hospital—on a typical cold, rainy night in the so-called “Winterless North.” These missions bring a different level of logistical challenge compared to simply hovering onto a hospital helipad and wheeling inside. We arranged transport to Onerahi Airport, loaded the patients into the fixed-wing aircraft, and, upon landing at Auckland Airport, promptly transferred them into the awaiting PTS. After security clearance, we proceeded under lights to the hospital, where the patient was safely handed over for the definitive care they needed.



Woolleys Bay/Matapouri

Before departing Auckland for the second time that night, the pilots surprised us with Big Macs, chips, and drinks—nothing had ever tasted as good as McDonald’s at 0349hrs! Special shoutout to Stanley, our PTS driver from the New Zealand Air Ambulance Service, who met us on the tarmac both times with full enthusiasm, ensuring smooth and efficient rides to the hospital on that dark and rainy night. It was a night that reminded us of the life-saving work we do, the importance of teamwork, and the dedication of everyone involved, from the flight crew to the PTS driver.



Auckland City Hospital Helipad

As we cruise toward the end of the year, may you find the strength to weather any turbulence and the aspiration to climb towards new heights.

Ngā Mihi,

Jason Wordsworth

Flight Nurse

Tauranga Flight Team

Things here in the Bay of Plenty have been a little quieter which they often are over the winter months - mostly due to the weather.

We are pretty excited to be getting a H145 aircraft based in Tauranga (previously had the BK117). All the staff are loving the extra space and capabilities of this helicopter. The H145 is a fully digital cockpit with enhanced avionics, route planning, GPS planning and weather monitoring.

We are currently working our way through the challenges of going from the Stryker based loading mechanism to the Aerolite system. The new stretcher design was chosen due to its safety specifications in the aircraft. It meets the 15G crash rating, the highest in Europe and also can transfer a patient that is up to 190kgs. It is also 35kgs lighter than the current Stryker stretcher we use.

Tauranga is sending two flight nurses to the conference in Christchurch this year. We have recently taken on a new flight nurse to the team and are attempting to get the new registrars familiar with the nuances of transport.

Happy flying

Dianna



Hawkes Bay Flight Team

Kia ora from the HB flight team
I hope everyone is keeping well in this cold weather.

We have been busy in the Bay and some days it is hectic, with several flights in a day. As you are all probably aware, we have had some heavy rain again. In addition, it has caused more flooding to our Northern town of Wairoa. This has come after the devastating effects of cyclone Gabriel last year. For some, it has been traumatising after their homes have been flooded again.

However, regardless of the weather, we continue to retrieve sick patients. This keeps our team busy as the hospital is unable to manage sick, complex patients or deal with traumas. When flying to Wairoa we need to be vigilant with pre-flight planning to ensure we are safe and our patients are safe. This could not be done without the dedicated team of pilots we rely on.

Recently I flew to Wairoa with a doctor to retrieve a child who had a respiratory illness and was extremely unwell. This was a particularly bad day for fog and turbulence. However, we were aware of how unwell the child was and the need to get them to our hospital, for specialised treatment. Luckily we were able to land safely and the child was brought back to our ICU and recovered well. This I am sure is the reason we are all dedicated flight nurses and always seek the best outcomes for our patients.

Take care everyone
From Krystyna, HB flight nurse



Waikato ICU Transport Team



I was too late with submitting my photograph for the competition but here it is.

Waikato ICU has been very busy with transports. Fixed wing, Helicopter and by ambulance. The Waikato weather determining many of the forms of transport that we use. Being the Waikato, fog is common at this time of the year so getting comfortable swaying in the back of an ambulance is something that doctors don't seem to do well.

Our ICU has been very busy so many of us are called upon to be on call for transports and we are constantly recruiting new members to take on the challenge of going out in the cold and wet to take patients from where they should not be to a place that they should be. As we all know this can sometimes feel like a very lonely experience as no one back at the hospital knows what you are going through and sometimes there is not enough debriefing.

I urge you all to look after yourselves. Discuss your difficult transports with the doctor you have travelled with (that is if it is not a nurse only trip) and also with others on the team. There can be conflicts between what the doctor sees and wants to do and what the nurse feels is the correct thing to do by the patient. I think that often we feel that when we have these conflicts we feel that we will be judged and thought of as not being able to cope. The patients we transport are desperately ill and the time spent transporting the patient can be exhausting. Not only from the physicality of transferring the patient, adrenaline of caring for the patient while being transported and all the other stressors of flight.

Things will look brighter when you don't feel you have to pack your woollen socks, spring is near, well, at least in my garden, the jasmine and freesias are in flower.

Happy flying. John Jenje (flight nurse Waikato ICU)

Whanganui Flight Team

Happy cooler months from here in Whanganui!

Hope you are all wrapped up warm for the winter months. It certainly can provide some challenges with the weather and keeping our patients toasty warm out in the elements.

We continue to be busy but have made good use of our new baby pod, very kindly donated to the team in a joint donation from our local paediatric trust, and the Air Ambulance Trust, who so generously support us with the donations of up-to-date modern equipment.

Given the current health care climate, there are not many changes from us, our flight team numbers remain static at 15, which gives us the cover we need for 2 weekday and 1 weekend nurse, with 24-hour cover for flights and our road transfers to Midcentral.

Looking forward to the warmer months



Life Flight Wellington - Te Whanga-nui-a-Tara

Kia Ora from the Wellington Flight Team,

Welcome to Team Coord, Kate and Julie! I am thrilled to announce that we have two of our flight nurses transition into the coordinators role these past few months. Both of them bring a wealth of experience, knowledge and enthusiasm to the role, and will prove invaluable contributions to our missions.

We also extend a warm welcome to SJ, who has started her orientation to the team after being on maternity leave. Coincidentally, her only transfers thus far have been paediatric ones! Hopefully some adult ones come her way before the end of her orientation.

The resurfacing of the runway in Masterton has been completed – for now. This upgrade allows us to complete more Masterton transfers using the fixed-wing and reduces the reliance on the helicopter or having to road over. The improved runway means more efficient transfers and the ability to pop over the hill with ease, ultimately enhancing our service and response times.

A few of our flight nurses and ICU doctors completed their HUET course in June. It was repetition for some of the veteran nurses who have undergone this training multiple times in the past, while the more novice learned with excitement and eagerness to get into the water!



In more interesting news, our team was recently called upon for an aeromedical retrieval from a cruise ship docked in Picton. The operation was a success with some fab coordination. (Case study and photos below)

Outside our team, our amazing flight nurse Amy, is gaining some great experience with RFDS in the Northern Territory, Australia. She reports, "Most of our patients are retrieved from low-resource clinics in remote indigenous communities - it's been incredible. I'm definitely developing my assessment skills and experiencing lots of new cultural and clinical challenges!" "It's very flat and very red" ha ha! We look forward to her return to the beautiful, green hills of Wellington in 6 months time!



Case Study

A patient in their 70s suffered a cardiac arrest while on a cruise ship that was planned to dock in Picton within the next 72 hours.

PMHx:

IHD

Dyslipidaemia

CCF, PPM in situ

tissue AVR

NKDA

Usual medications included:

Sotalol

Frusemide

Background:

Around 3pm the patient's husband woke from their nap to find his wife unresponsive on the couch. He called 111 on the cruise ship and the medical team arrived within 5 minutes.

Upon assessment the patient was in VF arrest requiring 7.5 minutes of CPR, 3 shocks, 1mg Adrenaline and 300mg Amiodarone, after which ROSC was achieved.

There were 2 failed attempts at intubation in cabin. The patient was quickly transferred to the Medical Bay on the ship and subsequently intubated with a video laryngoscope. Morphine and Midazolam infusions were commenced for sedation, while GCS remained 3 throughout resuscitative efforts.

Treatment and investigations:

Troponin levels were unremarkable.

Enoxaparin, Aspirin, Clopidogrel, and Atorvastatin were administered.

Blood pressure was initially supported with Adrenaline and changed to Dobutamine and Noradrenaline.

Patient was loaded with amiodarone and commenced on antibiotics (Ceftriaxone).

Chest x-ray (yes they have radiology on board the ship!) showed right lower lobe consolidation.

Mild AKI and slightly elevated WBCs were evident on blood work.

The following day, sedation was changed to Propofol, and Dobutamine was weaned off. The patient remained sedated and intubated in anticipation of transfer. The ship's doctor liaised with the Intensivist from Wellington ICU regarding care and retrieval.

Plan:

Continue IV antibiotics and wean sedation to rule out underlying neurological compromise.

Retrieval Operation:

The cruise ship lacked a helipad, necessitating a delay in retrieval until the ship could dock in Picton. The patient remained on the cruise for three days, ventilated and sedated, under the care of the ship's medical team but with limited resources. We were fortunate that the retrieval occurred over the weekend, allowing us to land directly beside the ship in Picton's

logging bay. This proximity was great for the swift transfer of the patient. The alternatives otherwise would have been a fixed wing transfer, having to land in Blenheim and road to the Picton marina or to heli to a heliport by the marina.

Extensive pre-planning was essential for this operation. With the cruise ship's minimal medical stock, we meticulously organized and transported all necessary equipment and medications. The process required precise coordination and teamwork to ensure nothing was overlooked. Getting our gear onto the ship was challenging due to some of the tight spaces, steep ramps and narrow corridors.

The medical team on the ship were absolutely fantastic, delivering great care within the environmental constraints. Once we transferred off the cruise ship it was back to business as usual just like any other day.

Upon arrival in Wellington, the patient was admitted to the ICU, where she remained for three days. Sedation was weaned and she was extubated with some ongoing neurological deficit. She was transferred to the ward with a plan for repatriation back to her home country to be closer to her family for her ongoing recovery.

CRUISE SHIP RETRIEVAL



New Zealand Flying Doctors Service – Nelson/Whakatū

Kia Ora from Nelson,

Winter in Nelson has seen some cool crisp mornings, turning into beautiful blue sunny days – perfect for flying, and great views! We've continued to be busy, with added pressures of a hospital full to the brim most days in Nelson, its been a challenging time!

We began a trial of 2 flight RNs on in the weekends for 1 nurse to stay in the office holding the coordinator phone, booking ambulances, outsourcing flights, and doing tarmacs to help support the flight RN with their day. Sometimes we've even managed to have both nurses out flying 1 in our old C90 when we have an available pilot – its been just like the old days with this plane parked in the rescue heli hangar where we used to be based.

Our road nurses in Wairau continue to be a huge asset to our team (and visiting teams where appropriate), and their ability to tarmac for us again allows us to fit more into our day by taking away at least an hour of our time that would otherwise take us to go in and out of Wairau. I've been told the Blenheim 21 PTS ambulance is finally being upgraded to an electric stretcher system, so our poor driver Larry will finally get some relief and won't have to manually lift anymore!! I've heard it will be fitted with not 1 but 2 electric stretchers, so hes not going to know himself!

Planning is underway for our annual flight training days in October – these are always great, with a chance for our flight RNs, flight midwives and road nurses to all come together, learn, discuss, and problem solve together in what is usually a solo world.

We are also very lucky this year to be able to send 3 of our nurses to the Aeromed conference in Christchurch – its been far too many years since we have been able to send anyone to a conference for flights, but this year thanks to the NZFDS trust, they have funded for 2 of our nurses to attend. Hopefully we can catch up with some of you there!



New Zealand Flying Doctors Service – Christchurch/Otautahi

Kia ora from Christchurch

We have definitely felt the arrival of winter down here, with a bottle of water being an essential item to de-ice the car windscreen when finishing shifts out at the airport in the early hours of the morning! Like many, as well as the cold, we have had significant interruptions due to fog. Thanks to those services who have been able to help us out, and it has been great to be able to return the favor once the weather has moved on. In general, in recent months our workload has included significantly more requests for multi-patient transfers – I'm sure all flight nurses can appreciate the increased complexity in regards to logistics that this poses!

Our team has seen some staffing changes, welcoming flight nurse Kendyl Cole into a new ICU/Air Retrieval ACNM role. Kendyl will work alongside current ACNM Jess Doney. As well as this, we have been lucky to welcome a new flight nurse Eilee Robinson into the team. Congratulations also goes out to Charmaine Le Roux, who has recently completed a Master of Health Science endorsed in Aeromedical Retrieval and Transport through the University of Otago, well done!

Many of us managed to get the night off for a pub quiz this month. The two flight nurse teams displayed impressive knowledge in the categories of the human body, cocktail ingredients and 80s music videos.... but sadly their impressive start could not be maintained, with improvement being required in the areas of African geography, previous NZ prime ministers and former All Black captains....

We are looking forward to the Aeromed conference in Christchurch in September and hope to get a chance to meet and chat with lots of you from around the country in person. Safe flying.



Dunedin Flight Team

Hi from down South.

While we've so far been experiencing a milder winter than most years the increased prevalence of fog, snow & ice provide the usual added challenge of making our way out & about across the region to retrieve sick people! The inversion layer over Central Otago in the conditions that provide the spectacular Hoar Frosts often result in places like Clyde township (where Dunstan Hospital is based) not seeing sun for several days at a time. Practically this can mean multi-modal transfers: starting out in a heli, being dropped off at the side of a road/in a paddock & waiting for an ambulance to appear to complete the journey. Yay to some epic road trips!. I guess the trade-off is that weather like this means more snow for the ski fields = more tourists = increased workloads for medical services such as medical centrals, rural hospitals, and pre-hospital service providers. The South is fortunate to have 2 dedicated aeromedical helicopters in Queenstown at the Otago Rescue Helicopter base at Queenstown Airport – literally just over the road from Lakes District Hospital (with a hospital helipad directly outside the ED doors). Its been a busy month for our heli providers with a huge amount of flying hours recorded – a significant number of which are direct pick-ups from ski field medical centres (including an unlucky paraglider who crashed onto the side of a ski field – but was able to be attended to by ski field medical staff whilst awaiting rescue). These missions, of course, do not involve our team but we are sometimes involved in secondary transfers of the patients for ongoing treatment or repatriation to their closest care facility.

Below are some pictures of a mixed fixed wing to Queenstown with a road (1.5hrs each way) to Dunstan due to low cloud in the valleys and inability to land in Dunstan! With beautiful frosts through the Kawarau Gorge.





We have also had an increase in the amount of fixed-wing transfers we have undertaken – completing 11 plane journeys in a week (nurse-led) in addition to our rotary wing workload. And the nature of our flights have changed to include more nurse-doctor team trips to transfer or repatriate higher acuity patients (like repatriating 2 post-ECMO intubated ICU patient from CVIVC to continue their recovery in Dunedin). We remain grateful to our flight team colleagues from across the motu that come to collect complex patients such as these , and hope we've been as helpful as we can in preparing & assisting you in assuming responsibility for their care. Its always nice to have the change to work with other professionals from outside of our own team. Please let us know if we can improve what we do / make the transition to your care easier.

Last week was spent orientating the next rotation of ICU registrars to the specifics & challenges of aeromedical transport & retrieval – with 2 days being dedicated to specific flight-related medicine, local medical resources & conditions that might be outside of treatment available at the patients location necessitating transfer to large centres (regional or national), then physical orientation to both the fixed & rotary wing workspaces. SMO Kate Stephens has spent a lot of time constructing Sims to cover a variety of potential issues that clinicians might face, including where they undertake a scenario while on a short test flight (which, for some, is the first time they have every flown rotary wing). Great learning all round – supported by a large contingent of flight nurses who participate in both the lectures & the practical aspect of training.

We're hoping to get a large contingent of our team attending the AS / COASTN Flight conference in Christchurch in September and get the opportunity to listen to the fantastic speakers that are programmed, plus also be able to network & share ideas, frustrations & experiences with colleagues from across NZ & the wider Australasia aeromedical community.

Take care and roll on the warmer sunnier less foggy weather!

Regards, Toni Johnston
Nurse Practitioner
Southern Critical Care Flight team

Retrieval in Zambia by Rose Gilbert – Dunedin NICU

“Hold on!” he yelled. And that’s when I saw it, a gaping big hole in the sandy road ahead. Was he going to stop? Nope. He just put his foot down even harder and we took to the air. Momentarily. Before coming down with an almighty thump. And then we carried on. As a NICU Nurse in Dunedin, most of my retrievals and transfers are done by air with the occasional land-based ambulance transfer if weather demands. So how did I end up bumping along in the back of a Toyota Landcruiser in 30 degree heat with no seat belts clutching a mother and an infant who’s saturations were sitting in the 80s hoping and praying we’d all make it back alive?

Well, you probably had guessed I wasn’t in New Zealand. The lack of seatbelts and the temperature being the dead giveaway right? Definitely wasn’t my description of the road quality.... I was, in fact, in the northwestern region of Zambia. My husband, in his final year as a medical student, had opted to do his six-week elective at a ‘bush’ hospital called Chitokiloki. I say ‘bush’ hospital but despite its very rural and isolated location on the banks of the Zambezi, Chitokiloki is one of the best hospitals in the country. It boasts two fully equipped and operational operating theatres. A state-of-the-art x-ray department and some pretty good mobile ultrasound equipment. It has four adult wards plus an ICU, paediatric and maternity ward. They even have a lab and a pharmacy.

And they have an ambulance. The afore mentioned Toyota Landcruiser.

We had only arrived at the mission base two days before. I was struggling a little with the heat and altitude difference (Chit is situated at an attitude comparable to the top of Mount Taranaki) and was having some difficulty trying to find my feet and my niche as an expat visiting NICU nurse. That was when the call came in. A small, possibly preterm infant, born at home now three days old had presented with fever, increased WoB and low saturations. Could we bring him to Chit? Before I knew it, I was jammed into the front seat of the Landcruiser, practically sitting on the local nurse’s lap answering the drivers never ending stream of questions while hanging on for dear life as we hurtled along the dirt track to Mpindi.



The Ambulance



An Ox Cart on the bumpy road

Just to give you an idea, the road consists of two wheeltracks hedged in by 3 meter tall grass on either side. Single lane and limited visibility. Thankfully there wasn’t likely to be any oncoming traffic because no one owned a car out there, and an ox cart should be able to hear us coming and get out of the way. Hopefully.

I had been reassured by the team that the driver, Silas, had been driving ambulances for many years and was yet to have an accident. You can imagine my surprise, then, when I discovered that the driver was called Paul, had only been driving ambulances

for one month and to top it all off, had just seen the doctor in outpatients for an eyesight problem!

Mpindi is a village consisting of two 'shops', an Airtel booth and some mud huts. It also has a small health and birthing centre. It is manned by a healthcare worker and a midwife. Basic, not very clean and despite the mosquito breeding pool outside, no mosquito nets.

After an hour on the 'road' we arrived in a cloud of dust and assessed the baby. He was small, less than two kilos. IUGR? Definitely. Prem? Maybe 36/40. We had a glucometer, pulse oximeter, mercury thermometer and stethoscope. Sugars, fine. Temp high, Sats low, elevated heart and resp rate. Load and go. We had nothing to treat the child with so the sooner we got back to the hospital the better. And so there I was in the back of an ambulance without oxygen, eyes glued to the pulse oximeter, ambu bag handy. The child held in his mothers arms, and she wedged in on the bench seat with me and the local nurse. And all four of us shaking around like beans inside a set of maracas. The rattling must have done our wee friends some good because his saturations improved on the road. Once at maternity they got an IV in, gave him antibiotics and put him on oxygen via an oxygen concentrator. Long story short he recovered, gained good weight, and two weeks later went home.

If I was retrieving this baby in NZ we would probably have spent some time getting a line in, getting a blood gas, blood cultures, FBC and CRP. And we likely would have put the child on CPAP, placed an OGT and would have commenced antibiotics before we were happy to fly. We have a lot to be thankful for, here in New Zealand. And I think we take a lot for granted. We might perhaps,

also, take ourselves too seriously. I know we for one, cart around a heck of a lot of kit. Most of it is once in a blue moon stuff. Do we need it? That said, my hair felt like it was greying that day in the back of that ambulance. The hour return journey felt so quick and yet so long all at the same time. His saturations were in the high 70's initially and all we had to maintain his airway if needed was good positioning and an ambu bag. What I'd have given for some O2 and nasal prongs for some peace of mind.

So, call me chicken, but I don't think I want to be stuck somewhere wishing I had some potentially lifesaving equipment that I didn't bring. Yet that wee boy made it alive, and with no obvious long-term negative impact. Does that mean we should overhaul our kit again, wean it down a bit. I'm not sure what to think.



The Zambezi River



Rose flying back to Lusaka

COASTN Award

It is time for you to get your nominations in for the COASTN award for Outstanding Achievement in Transport Nursing Aotearoa 2024. If you know of a transport nurse who has gone above and beyond for patient transport, and deserves to be recognised, then please fill out the application form on the Conferences and Events tab on the COASTN website. [COASTN Conferences \(nzno.org.nz\)](https://www.nzno.org.nz) Nominations need to be in by the 9th September 2024 as the award will be presented at the Aeromed Conference in Christchurch.

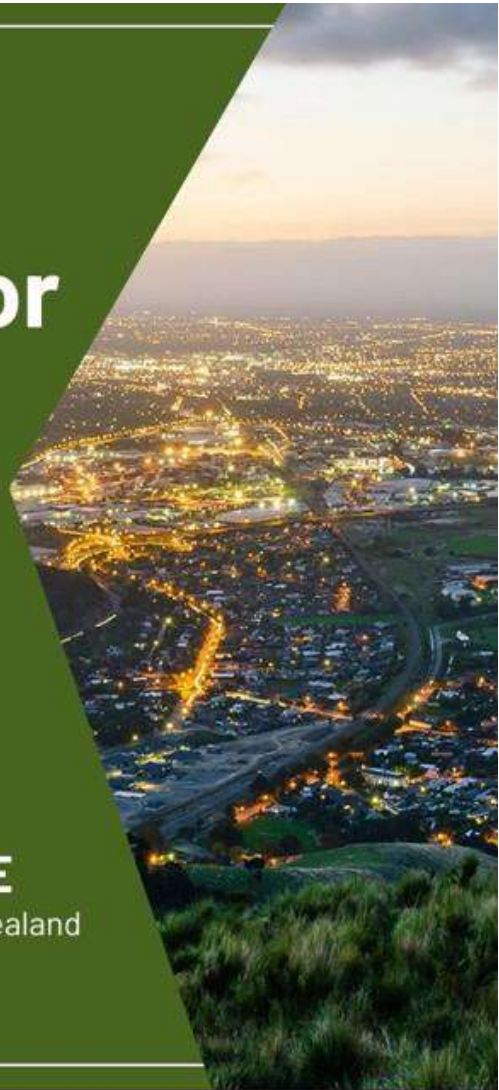


Join us in Christchurch for #Aeromed24

Registrations are now open for the 2024 Aeromed Conference. Visit the conference website to register now!

2024 AEROMED CONFERENCE

24 - 26 September 2024 | Christchurch, New Zealand
www.aeromedconference.com





Opportunities for Involvement

On behalf of the Organising Committee, we would like to invite you to support the National Trauma Symposium 2024 to be held on Thursday, 21 November 2024 at the Intercontinental Hotel, Wellington, New Zealand.

Our annual event attracts over 300 trauma practitioners from across New Zealand and overseas. Our programme consists of scientific presentations, facilitated debate on hot topics & wānanga spaces for all trauma practitioners to share lessons learnt.

Our Keynote Speaker is...



Professor Kenji Inaba
MD FRCS FACS
Professor and Vice Chair of Surgery, University of Southern California, Los Angeles, USA

We invite you to take the opportunity to join us and support this exciting event by becoming a Sponsor or Exhibitor.

Your support is very much appreciated.



Further information can be found on the Symposium website: www.traumasymposium.nz

National Trauma Symposium 2024 Organising Committee
The National Trauma Network

2025

COASTN AEROMEDICAL RETRIVAL COURSE

SAVE THE DATE



10TH - 14TH
FEBRUARY '25



PRICE:

\$1950 NZD
EXC GST




LOCATION:

AUT, SOUTH
AUCKLAND

INFO:

Applications and further information will be available soon on the NZNO website.

 nzno.org.nz

 coastncourse@gmail.com



COASTN

Providing Excellence in Transport Nursing
NZNO



COASTN Committee 2023

Lynette Will	Chairperson	Lynette.will@southerndhb.govt.nz
Avryl Way	Vice Chair/Social media	Avryl.way@waikatodhb.health.govt.nz
Patrice Rosengrave	Secretary	patricerosengrave@gmail.com
Sam Collis	Treasurer	samantha.collis@southerndhb.govt.nz
Jodie Purches	Committee Member	JodieP@adhb.govt.nz
Andrea Gibbs	Committee Member	Andrea.gibbs@ccdhb.org.nz
Tania Parr	Magazine Editor	Tania.parr@nmdhb.govt.nz
Jackie Hardy	Committee Member	Jackie.hardy@hbdhb.govt.nz
Annette Bradley-Ingle	Professional Nursing Advisor	Annette.bradley-ingle@nzno.org.nz

New Zealand Flight Services Contact

Northland	rebecca.burley@northlanddhb.org.nz	
Auckland NICU	laurenTu@adhb.govt.nz	Ph: 021 571 569 (Mon-Fri)
Auckland NZAAS	coordination@nzaas.co.nz	Ph: 0800 111 400
Starship	dianef@adhb.govt.nz	Ph: 021 1951 720
Waikato ICU	Melissa.evelyn@waikatodhb.health.nz	
Waikato NICU	kerryn.schaab@waikatodhb.health.nz	
Tauranga	dianna.keys@bopdhb.govt.nz	
Gisborne (Tairāwhiti)	jacqueline.johnson@tdh.org.nz	
Hawkes Bay	jackie.hardy@hbdhb.govt.nz	
Whanganui	joanna.knight@wdhb.org.nz	
Wellington ICU	sarah.rodgers@ccdhb.org.nz	Ph: (04) 385 5999 ext 7216
Wellington NICU	sarah.cody@ccdhb.org.nz	Ph: (04) 385 5999 ext 80822
Nelson	Tania Parr and Lara Millar Inter.Hospital.Transport.Coordination@nm dhb.govt.nz	Ph:022 658 4308
Christchurch	jessica.doney@cdhb.health.nz	Ph: (03) 364 1813
Christchurch NICU	kaylene.ellerm@cdhb.health.nz	
Dunedin	Esther.radford@southerndhb.govt.nz Esther Radford and Amie Eden	027 210 5973 A/H 027 601 4249
Dunedin NICU	jo.dobson@southerndhb.govt.nz	