CARE in the AIR

THE NORTHWEST MEDSTAR TRANSPORT TEAM DELIVERS CRITICAL SUPPORT FOR PATIENTS THROUGHOUT THE REGION.
AMELIA, a name known for flight. “She flew before her sisters,” says Amelia’s mom, Jane Harrington, 45, of Lewiston, Idaho. Then again, Amelia wasn’t quite 2 days old at the time of her courageous trip, and her health condition was critical.

On Jan. 12, 2015, Jane and her family arrived at St. Joseph Regional Medical Center in Lewiston for a scheduled delivery. Amelia was full term, but she was breech. Her doctor successfully turned her head down, and after inducing labor, the delivery went quickly. Amelia’s Apgar score—a measurement of appearance, pulse, responsiveness, muscle activity and breathing—appeared normal, but she was not acting like a healthy baby.

“She didn’t want to breast-feed. She couldn’t latch,” Jane says.

Amelia was also hypotonic, or “floppy,” as one doctor described it, and jaundiced. Her blood pressure and glucose levels were low. Soon, Amelia’s neonatal care team had a diagnosis: sepsis, a potentially life-threatening inflammatory response caused by infection.

“At that point, she was never back in my room,” Jane recalls.

DECISION TIME

Doctors moved Amelia to the neonatal intensive care unit (NICU) at St. Joseph and started her on antibiotics. They called Sacred Heart Medical Center in Spokane—one of two hospitals in Washington with a Level IV NICU capable of caring for the sickest babies—to consult. The decision: Get Amelia to Sacred Heart, fast.

With early diagnosis and treatment, full-term infants like Amelia are not expected to experience long-term health problems associated with sepsis; however, infection is a major cause of...
fatality during the first month of life, contributing to 13 to 15 percent of all neonatal deaths.

Jane’s husband, Shane, who had gone home the night before with their 14- and 16-year-old daughters, made it back in time to see them off as mother and baby were transported to a nearby airport and the waiting Northwest MedStar fixed-wing plane that would fly them to Spokane.

As the pair took off, Shane hopped in his car and hit the road. It would take Jane and Amelia 30 minutes in the air and two 20-minute ambulance rides—one in Lewiston, one in Spokane—to get to Sacred Heart. Shane, over two hours.

“The drive,” he says, “was a blur.”

ON BOARD

The Pilatus is a turboprop aircraft that hits a cruising speed of 300 mph at a maximum altitude of 28,000 feet. These planes as well as the helicopters in the Northwest MedStar fleet are equipped to maintain the critical care environment of a NICU during flight.

On board, flight perinatal nurse Pam Sheldon and flight respiratory therapist Chris Murphy sat buckled in their seats, back to back, with Amelia next to them and Jane a few feet away to the rear, watching everything. Patients are transported in isolates—self-contained neonatal care units that are guided by hoist and cable into the plane and then secured.

“I try to keep in constant communication with the parent,” says Sheldon, a 30-year flight nurse. Not only are patients and their families experiencing a medical emergency, but also they are flying in a turboprop plane, and sometimes flying for the first time.

The decision to use the fixed-wing plane over one of the helicopters depends upon availability and weather. (Helicopter pilots operate in visual flight mode, which means “if you can’t see it, don’t do it,” Sheldon says.)

Jane and Amelia’s flight to Spokane was smooth. Sheldon administered glucose to Amelia during the trip and made sure Jane knew what every movement meant, even just a thumbs-up for assurance.

REALITY SETS IN

For Jane, the trip was “very surreal.” She hadn’t had time to process it all. Getting through the journey had been at the forefront of her thoughts: There was the ambulance ride to the Lewiston airport. The flight. The landing at Spokane’s Felts Field. Another ambulance ride to Sacred Heart. Each leg

Northwest MedStar’s coverage area is vast—primarily eastern and central Washington, northern Idaho, Montana and eastern Oregon. The nonprofit organization also provides patient transport to Seattle and other facilities throughout the U.S. and parts of Canada. Most recently, Northwest MedStar began serving Providence St. Patrick Hospital and Community Medical Center in Montana.
entailed transferring Amelia in the 312-pound isolate.

Time slowed down again when she entered the NICU. She realized that she’d only had a little time in the birthing room for skin-to-skin contact with her baby and that Amelia was in a struggle for her life.

“It was like reality slapping me in the face,” Jane says.

**NICU PREPARED**

Neonatologists at Sacred Heart had the whole picture—from the moment Amelia was born to when she entered their care, including updates from the nurses in the fixed-wing. “We’re in constant communication with them prior to their arrival,” says Meagan Clemmens, Sacred Heart NICU assistant nurse manager.

But the care providers are also very aware of the parents. “We know they’re overwhelmed with information and take it slowly with our explanations from the moment we move the patient from the isolate to our monitors,” she says.

Amelia was in the NICU for two weeks before she responded well enough to continued antibiotic treatment to be moved to a step-down unit for the rest of her recovery. In the many hours he sat vigil on the third floor of Sacred Heart, Shane heard helicopters landing and taking off from the roof. His fears turned to gratitude when he realized Amelia would make it.

“She had all the care and love and compassion in the world around her from the minute she got there,” he says.

**LOOK AT HER NOW**

Doctors still don’t know exactly what caused Amelia’s infection. The usual bacterial suspects have been ruled out, but organisms with increased antibiotic resistance have emerged that further complicate management of the infection. Early-onset sepsis usually results from an organism acquired in the birth canal and develops within six hours of life.

Amelia was discharged Feb. 9. Her entire ordeal lasted four weeks. Today, at 13 months old, she loves to army-crawl and play pat-a-cake. “Looking at her now, you wouldn’t have known,” Jane says. “She’s very happy.”

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**Sharing a Name—and a Mountain View**

Pam Sheldon’s role in baby Amelia’s story ended when the Sacred Heart neonatal intensive care unit staff took over for her Northwest MedStar critical care transport team. But Sheldon notes her job as flight perinatal nurse allows her reflective moments to cherish transports that end well. Sitting buckled in the Pilatus turboprop, flying back to base, sometimes she just enjoys the snow-covered mountains at sunset. Perhaps it’s the same view that another Amelia admired also. Like baby Amelia, Amelia Earhart passed through Felts Field as a passenger—in a Ford Trimotor plane in 1933.

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**GET TO KNOW NORTHWEST MEDSTAR’S AIRCRAFT**

**HELIКОСТЕР**

*Name:* Airbus Helicopter H135  
*Ideal for:* Landing at accident scene or hospital; moving patients over shorter distances (less than 150 miles)  
*Cruising speed:* 158 mph  
*On board:* 3 crew, 1–2 patients

**FIXED-WING PLANE**

*Name:* Pilatus PC-12/47E  
*Ideal for:* Smooth loading and unloading of patients; longer transports (5 hours of fuel); inclement weather  
*Cruising speed:* 270–300 mph  
*On board:* 3 crew, 1–2 patients