

To Our Neighbors:

This is our 10 year report to the community summarizing emergency medical helicopter landings at Seattle Children's Hospital.

The Medical Review Committee meets twice a year to review all emergency medical landings at Children's Emergency Department. This committee includes two representatives from neighborhoods surrounding Children's, a representative from the City of Seattle Department of Neighborhoods, a representative of Seattle-King County Department of Public Health, two physicians independent of Children's and key medical and nursing leadership from Children's.

In addition, an internal medical review team comprised of medical leadership and the nursing transport team from Children's and Airlift Northwest meet routinely and review all landings on an ongoing basis.

The committees continue to find that the overwhelming majority of these emergency medical landings are limited to critically ill patients for whom immediate pediatric care or intervention is indicated. We continue to evaluate each situation to determine whether a safe alternative to the landing at Children's is available.

Landings at the helistop at Children's must meet established medical criteria and occur for our critically ill patients. For example, any one of the following conditions would qualify for landing at Children's helistop:

- *inability to maintain oxygenation or airway*
- *inability to maintain adequate cardiac circulation*
- *inability to maintain adequate blood pressure*



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10 Year Summary of Flight Activity 2008 - 2017

A Report to the Community About Emergency Medical Helicopter Landings at Seattle Children's Hospital

As a neighbor of Children's, you may be interested to learn more about the life saving emergency medical services the Hospital provides to children in our region.

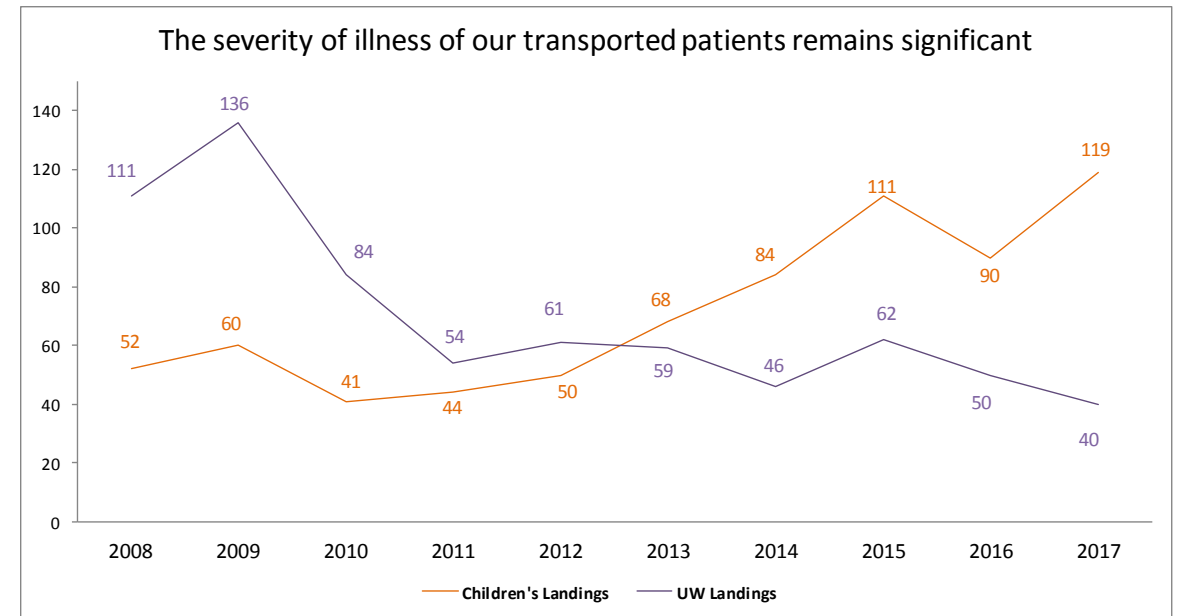
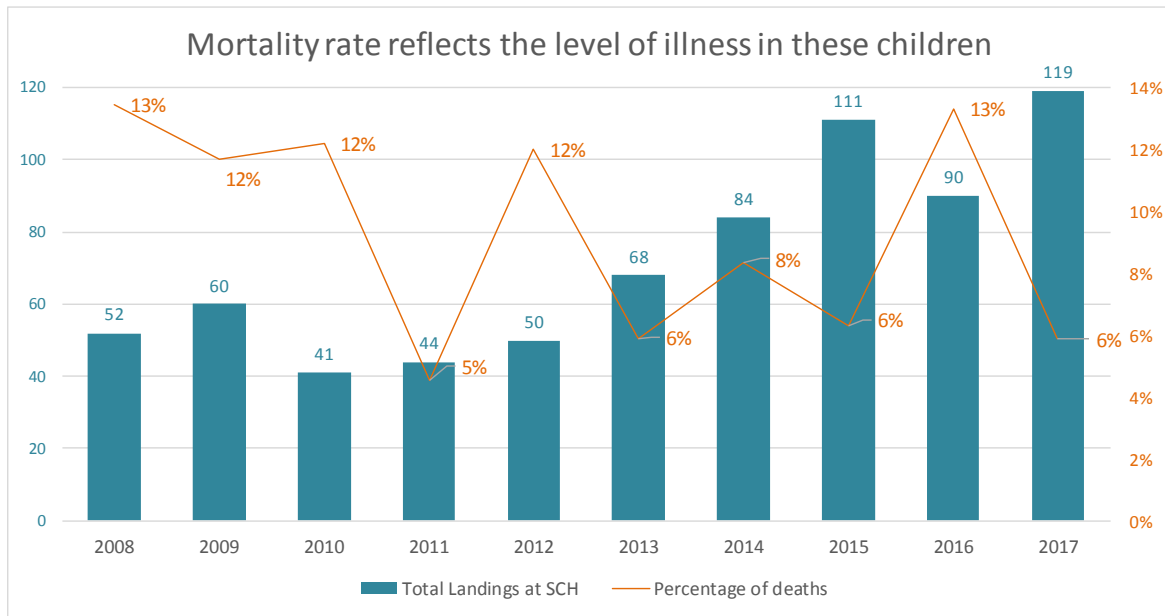
The following information summarizes the use of the Helistop at Children's and describes the medical needs of children served by emergency landings over a ten year period.

These landing reports are available online at:
<http://construction.seattlechildrens.org/helicopter-landing-reports/>

If you have any comments or questions, please call:
Suzanne Petersen Tanneberg
Vice President, External Affairs & Guest Services
(206) 987-2125

You may also write to her at Seattle Children's Hospital,
PO Box 5371, Mailstop RB.2.419, Seattle, WA 98105-0371





Major Diagnostic Categories

Examples of medical/surgical issues requiring rapid transport and care at Seattle Children's Hospital. These conditions include diagnoses at high risk of morbidity, permanent disability or death.

Cardiopulmonary

Cardiac arrest, abnormal heart rhythms, heart failure, congenital and structural heart disease, cardiomyopathies, inability to oxygenate or ventilate, respiratory failure, assisted ventilation, severe asthma, air and/or fluid surrounding the lungs, deterioration of preexisting lung disease, pulmonary edema, foreign body aspiration

Central Nervous System Issues

Seizures, tumors, intracranial bleeding, hydrocephalus, increased intracranial pressure, ventricular peritoneal shunt malfunction, altered level of consciousness, progressive neuromuscular disease

Drowning

Water submersion potentially resulting in cardiopulmonary arrest

Medical

Diabetic ketoacidosis, inborn errors of metabolism, immunologic issues, shock, cancer (blood, bone and solid organs), thrombocytopenia (low platelets), anemia, kidney and liver failure, child abuse

Surgery

Congenital and surgical issues including tracheo-esophageal fistula, diaphragmatic hernia, bowel obstruction, malrotation, volvulus, gastroschisis, omphalocele, intussusception, liver failure, peritonitis, transplant issues

Infection

Meningitis, encephalitis, severe respiratory viruses, tuberculosis, pertussis, measles, necrotizing fasciitis, epiglottitis, severe croup, tracheitis, sepsis

Toxic Ingestion/Poisoning

Accidental poisoning and deliberate overdose of medicines, alcohol and/or illicit substances with potential of life threatening complications

Neonatal

Anoxia (low oxygen), congenital abnormalities, sepsis, meconium aspiration, pulmonary hypertension, prematurity, need for high frequency ventilation and/or nitric oxide

