DIAGNOSES REQUIRING LANDING

- **Anaphylaxis** - A severe, rapid onset, whole-body response to an allergen.
- **Appendicitis** – An inflammation of the appendix, a 3 1/2-inch-long tube of tissue that extends from the large intestine.
- **Ascending Paralysis** - A condition in which there is successive flaccid paralysis of the legs, then the trunk and arms, and finally the muscles of respiration.
- **Bronschiolitis** - Acute inflammatory injury of the bronchioles that is usually caused by a viral infection.
- **Diabetic Ketoacidosis (DKA)** - An abnormal build-up of sugar and acids in the blood resulting in decreased consciousness.
- **Epiglottitis** - Severe, acute inflammation of the soft tissues surrounding the vocal cords, including the epiglottis.
- **Ingestion (medicine or other)** - Consuming a large amount of medicine or any substance; this can be accidental or intentional.
- **Intussusception** - The inversion of one portion of the intestine within another.
- **Meconium Aspiration** - Neonatal pneumonia due to inhalation of birth fluid containing meconium.
- **Respiratory Distress** - Breathing difficulty that doesn’t respond to oxygen therapy.
- **Seizures** - Physical manifestations (convulsions, sensory disturbances, or loss of consciousness) resulting from abnormal electrical discharges in the brain.
- **Sepsis** - A life threatening systemic response to infection.
- **Tracheoesophageal Fistula** - A condition in which an abnormal channel, called a fistula, connects the windpipe (trachea) to the tube that leads from the mouth to the stomach (esophagus).
- **Thrombocytopenia** - Abnormally low levels of platelets, which are required for blood to clot.
To Our Neighbors:

This is our semi-annual 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

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

If you have any comments or questions, please call:
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