

# Flight of an Angel

Scott L. DeBoer, RN, BSN

Amy was 24 years old when I helped transport her by University of Chicago (U of C) Aeromedical Network helicopter from a rural community hospital to The University of Chicago Hospitals about a year ago. At the age of 13, she had developed liver disease, necessitating a liver transplant. She later contracted chronic hepatitis B, and eventually her condition deteriorated to the point where she needed another transplant and the advanced care that can only be provided at an academic tertiary care facility.

## What should the flight team do if Amy died during transport?

On her first day in the intensive care unit, she suffered massive gastrointestinal bleeding, hypotension, and acute liver failure. Her hemodynamic status continued to worsen, with pulmonary edema and acute renal failure complicating her clinical picture. She was sedated, intubated, and chemically paralyzed to optimize her respiratory function, and continuous hemodialysis was initiated. Maintenance of a marginally acceptable blood pressure was accomplished only with dopamine and dobutamine infusions.

After living through multiple hospitalizations, treatments, and painful procedures, Amy was not afraid to die. Her only request was that she be at home, or at least near her hometown, so that her family and friends could be with her. Amy's family was always at her bedside and never gave up hope, only changing the arenas of their hope—from hope for a transplant, to surviving resulting medical setbacks, and finally, having their daughter's wish to go home granted.

Four days after admission, do-not-resuscitate (DNR) status for Amy was requested, and again, her family reiterated their desire to take her home. However, the decision was complicated by other ethical issues: What should the flight team do if Amy died during transport? And, should we take an emergency helicopter out of service for a patient who had DNR status? After discussions among all personnel from Amy's medical services, along with social services, pastoral care, flight nurses, and our medical director, the decision was made to transport Amy back to her hometown hospital to fulfill her wish.



Flight nurse Scott DeBoer, RN, BSN, of The University of Chicago Aeromedical Network, has a guardian angel as a member of his flight crew.

On her fifth afternoon in Chicago, preparations were made to fly Amy home. She was still on a ventilator with multiple inotropic and other infusions, arterial/ central monitoring lines, and continuous hemodialysis. Since I was the flight nurse who had helped transport Amy to Chicago, I wanted to be the one to fly her home. She tolerated the 45-minute flight remarkably well before being admitted to her hometown hospital's intensive care unit. Nineteen hours after transport, Amy's ventilator support was discontinued and she quickly died with her family by her side.

Approximately three weeks after flying Amy home, I received a package from Amy's father. Enclosed was a letter describing his feelings about the last

days of his daughter's life and the following note attached to a guardian angel pin: "We believe that Amy is now happy and in heaven, and we also believe in guardian angels. Wear this pin on your uniform, as we want Amy to be your guardian angel forever."

Keep watching over us, Amy. Those of us in the medical field need our guardian angels to keep us safe and caring, always.

:JS

Scott L. DeBoer, RN, BSN, is a flight nurse with The University of Chicago Aeromedical Network. He is certified in emergency nursing, critical care nursing, and flight nursing.