


The Lear jet is a fixed wing plane provided by the Irish Air Corp. It is used by IPATS to transfer infants and children overseas. The plane must be reconfigured for air ambulance missions and the life port loaded onto the plane before patient arrival.

Patient transfer is via specialized ramp (see photo 3) from a standard Ferno trolley with the aerosled attached via the clip deck.

Patient is loaded feet first into the craft and lies with their head at the bulkhead of the plane



Aircraft	Lear Jet 45
Standard altitude, cabin pressure and atmospheric P.	51,000ft, Cabin pressure 2000-8000ft. Atmos. P. 94.2-75.3kPa. Can be reduced to sea level
Standard patient base	Lifeport.  Scan for more info
Patient bed	Aerosled mounted on clipdeck
Loading mechanism	Load ramp & ramp bay – patient loaded feet first
Fitting time	1-3 hours (if aircraft is at base)
Power considerations	Charging is not possible, just battery maintenance
Oxygen supplied	3000L ZX cylinder within life port
Suction supplied	No machine supplied. Port available on Lifeport
IPATS engineering equipment needed	Clip deck ratchet straps Spare Batteries
Special considerations	No access to head of patient ie to intubate

Pt. loading video



Pt. Unloading video



Alveolar Gas Calc.



Typical Travel times from Baldonnell Aerodrome

Newcastle Airport	Liverpool Airport	Biggin Hill	Northolt	Manchester Airport	Leeds Airport
35min	25min	50min	50min	25 min	35min
Airport to Freeman	Airport to Alder Hey	Airport to kings	Airport to GOSH	Airport to Manchester Children's	Airport to Leeds Children's
20 minutes	20 minutes	45 minutes	40 minutes	15 minutes	20 minutes

Equipment Checklist

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|--|---|
| <ul style="list-style-type: none"> • Aeromedical Red Bag <input type="checkbox"/> • Patient specific Airway bag <input type="checkbox"/> • Spare Massimo + batteries <input type="checkbox"/> • iSTAT machine/Cartridges <input type="checkbox"/> • Patient specific Drug/Fridge bag <input type="checkbox"/> • Zoll monitor + relevant consumables <input type="checkbox"/> • Hamilton + Relevant consumables <input type="checkbox"/> • Braun Pumps x3 + 1 Infusomat <input type="checkbox"/> • Appropriate ACRs <input type="checkbox"/> | <ul style="list-style-type: none"> • Spare battery bag <input type="checkbox"/> • Additional equipment (as needed) <ul style="list-style-type: none"> • I.e. USS/CMAC/iNO <input type="checkbox"/> • Sufficient Oxygen (calc completed) <input type="checkbox"/> • Portable Suction + consumables <input type="checkbox"/> • IPATS folder + Documentation <input type="checkbox"/> • Transwarmer (if temp reg concerns) <input type="checkbox"/> • All equipment connected and charging from central power bar <input type="checkbox"/> • O2 cylinder opened on trolley <input type="checkbox"/> • O2 hose plugged into ambulance <input type="checkbox"/> |
|--|---|

Staff Checklist

- Passport emailed to NAC neoc.aeromedical@hse.ie
- Mobile phones + charger
- Jackets/layers
- Food/Fluids
- Anti emetics (if required)
- Retrieval cash funds (overseas only)
- AnnexF Form sent to neoc.aeromedical@hse.ie

NAC DESK: 1850 211869

Patient Checklist

- | | |
|--|--|
| <ul style="list-style-type: none"> • Working Vascular Access x2 (IV/IO) <input type="checkbox"/> • All balloon catheters filled with water <input type="checkbox"/> • Gastric contents emptied <input type="checkbox"/> • All pneumo-thorax/peritoneum/cephalus risks considered and mitigated where possible <input type="checkbox"/> • CXR & labs reviewed <input type="checkbox"/> • Sedation/muscle relaxation considered <input type="checkbox"/> | <ul style="list-style-type: none"> • Relevant scheduled medications given <input type="checkbox"/> • Pt specific emergency medications drawn up <input type="checkbox"/> • Age appropriate ear protection available <input type="checkbox"/> • Sufficient blankets/layers <input type="checkbox"/> • All pressure areas reviewed <input type="checkbox"/> • Altitude associated complications identified and discussed with air crew – i.e. risk of desaturation, presence of any air leaks, need for inc. cabin pressure <input type="checkbox"/> |
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Communication Checklist

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|--|--|---|
| <ul style="list-style-type: none"> • Discharge Summary <input type="checkbox"/> • PEWS sheet for past 24hrs <input type="checkbox"/> • Drug Kardex <input type="checkbox"/> | <ul style="list-style-type: none"> • Recent laboratory results <input type="checkbox"/> • CD of all relevant images <input type="checkbox"/> • Numbers for parents/receiving unit/NAC desk <input type="checkbox"/> | <ul style="list-style-type: none"> • Accepting unit contacted to confirm time/bed <input type="checkbox"/> • NAC desk contacted to confirm ambulance availability on arrival <input type="checkbox"/> |
|--|--|---|

Parent/Guardian:

Name: _____

Number: _____

Parent/Guardian:

Name: _____

Number: _____

Referring Consultant:

Name: _____

Number: _____

Referring Ward:

Name: _____

Number: _____

Receiving Consultant:

Name: _____

Number: _____

Receiving Ward:

Name: _____

Number: _____