

Young travellers – caring for children on an aircraft

By Robb Leigh MD

Along with the increase in worldwide air travel comes a corresponding increase in the numbers of younger travellers – children ranging from infancy to 17 years of age.

As this market segment increases, your airline may encounter a special-needs or ill child who may test the crew's preparedness. The fact that younger children in distress cannot verbally explain their symptoms makes communication and reasoning that much more challenging.



A well-trained airline crew can help to prevent or respond to inflight medical incidents involving children.

Even though children generally tolerate long travel if they are entertained and nourished, their reserves are smaller than the reserves of adults and can decompensate rapidly. Additionally, discomfort created by changes in atmospheric pressure can often cause inconsolable crying. The end result may be anxiety for the parents and fellow passenger discomfort.

You can avoid some of this discomfort, however, by educating your passengers – through seat pocket cards, airline publications and website articles that address preparedness issues. The prepared parents of ill children travelling abroad will have a list of medical conditions, medications, doctors' numbers and proof of immunisation. These parents will also contact the airline in advance and notify the carrier of special needs, such as dietary restrictions, serious allergies, oxygen, a wheelchair or special seating assignments, and will provide a paediatrician's explanatory letter.

Your flight crew will also benefit from understanding how to respond to conditions that may affect young travellers. These conditions include:

- earache, which can emerge because of atmospheric pressure changes or from an underlying ear/sinus infection. Nursing a bottle or breast, or sucking a pacifier, during ascent and descent, will open the Eustachian tube allowing for pressure equilibration. Older children can chew gum, suck lollipops or blow against closed nose and lips, especially during descent. Children with ear infections should wait two weeks before air travel, until symptoms have resolved;
- heart or lung disease – because underlying heart or lung disease may be affected by altitude, parents should ask their paediatrician for a letter stating supplemental oxygen needs;
- food allergies – parents should alert the airline so that special dietary arrangements can be made. In cases of unexpected severe allergy (for example, peanuts), a medical kit's EpiPen and antihistamines can be used;
- diabetes – parents should consult with a paediatrician or diabetes specialist prior to travel and carry insulin, syringes and other necessary items. The flight crew can help by offering snacks, if parents are not prepared;
- sickle cell disease – attacks may happen with hypoxia (a shortage

of oxygen in the body) and supplemental oxygen is advisable;

- seizures – hypoxia, jet lag, delayed meals and other stressors may trigger seizures. Complying with medications and avoiding stressors will reduce the risks;
- behavioural problems – books, toys or music can distract young travellers with attention deficit disorder, autism or developmental delay and should be used in place of sedation;
- deep vein thrombosis (DVT) – children with congenital heart disease may have an increased risk of developing blood clots. Frequently exercising lower extremities or taking small walks around the cabin minimises the risks, and;
- injuries during flight – due to possible turbulence, children should not walk around unsupervised, nor should they occupy aisle seats, as passing service trolleys and passengers may inflict injuries.

Managing children's onboard incidents

Your crew's awareness of the young traveller's complications and how to handle them can help to prevent or relieve an unpleasant situation. And, as always, onboard medical personnel, when available, and telemedicine doctors, can provide reassurance, inflight treatment recommendations and on-the-ground arrangements. ■

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