

Chapter 14

Shipment Of The Patient

Once the patient has reached a core temperature (measured esophageally) of 10°C, HLR support should be discontinued. Due to hypothermia-induced blood sludging, cold agglutination, and reduced cardiac output, CPR is largely ineffective at temperatures below 10°C.

After support has been discontinued, clean up the patient (wipe off blood and secretions) and transfer him to a "body bag" or rubberized canvas "disaster pouch." Protect the patient's head from exposure to water by covering with a plastic bag secured lightly to the skin of the neck with plastic tape. If the patient has an endotracheal tube in place, clamp it closed with an occluding clamp such as a Kelly Clamp or Orange Clamp. Foley catheter (bladder) and IV lines should also be similarly clamped prior to shipment of the patient. Cover the patient's genitals with a towel or small drape sheet.

Then place the pouch containing the patient inside a shipping container suitable for air transport of human remains, such as a Ziegler case, steel transport box, or sealer casket. Prior to placement of the patient in the shipping container, lay down a bed of crushed ice contained in Zip-Loc bags.

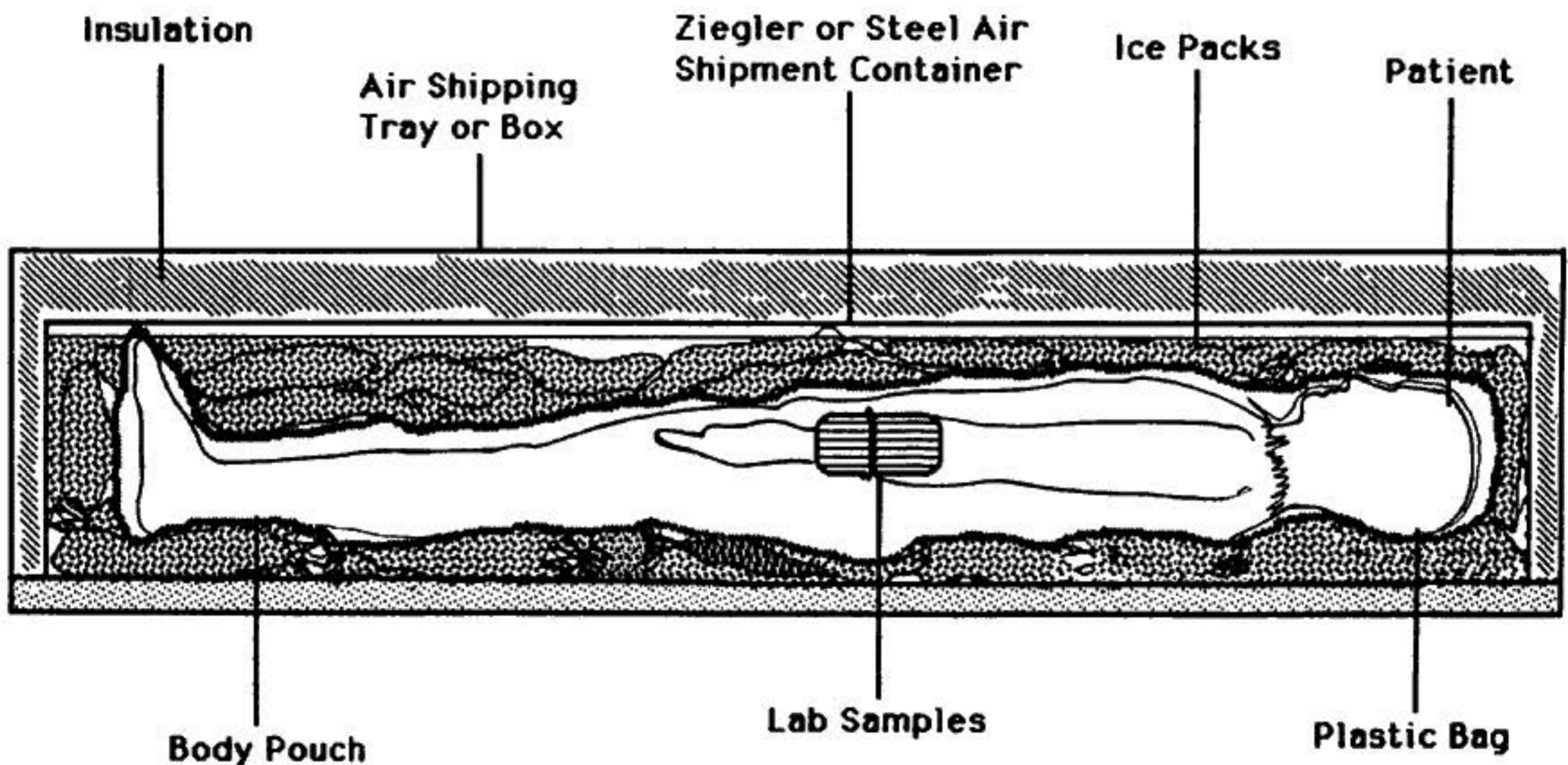


Figure 13-1: Packaging technique for air shipment of patients.

Once the patient is in place in the shipping container, fill the pouch containing the patient with ice bags, completely covering the patient over in ice. Take up the remaining free space within the shipping container with blankets or padding as appropriate to provide mechanical protection during shipment. Cover the shipping box or casket with blankets, fiberglass batting (building insulation), or other insulating material to protect against accidental freezing in the winter or ice melting in the summer.

There should always be some insulating/absorbent material surrounding the shipping box, since any container holding human remains which shows any sign of leakage (sweating due to condensation of water might be misconstrued as leakage) will immediately be pulled from shipment by the airlines and quarantined. This will likely result in authorities such as the coroner coming into the situation. In addition, leakage of containers holding human remains can result in a mortician losing his/her license and can result in the airlines refusing to deal with Alcor in the future.

Wherever possible the transport technician should supervise the handling of the patient every step of the way, including onto and off of aircraft. For this reason, unless it would result in needless delay, plane changes should be avoided. Attempt to schedule a "direct" flight ("non-stop" is not necessary).

If a patient is being air shipped to Alcor Southern California (ASC), the first priority is to enter via Ontario Airport (ONT). If shipment is to Alcor Florida (AF), then the preferred airport is Fort Lauderdale-Hollywood International Airport (FLL).

The primary consideration must be timely transport of the patient, regardless of which airport is most convenient. Alternate airports for ASC are Los Angeles International (LAX), Long Beach (LGB), John Wayne-Orange County (SNA), or Burbank (BUR). The only alternate airport for AF is Miami International (MIA). Always choose early arrival over convenience or direct flights.

In most instances, the cooperating funeral director should be used to handle airline arrangements, since he will be familiar with local shipping requirements and will know the best carrier to use and whom to contact there.

If the weather is subfreezing, it will be critically important to emphasize to airline personnel that the patient must not be allowed to sit in unheated quarters or be exposed to subfreezing conditions for more than 20 to 30 minutes.