**LITERATURE SEARCH RESULTS**

<table>
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<tr>
<th>Question:</th>
<th>Date requested: 21/11/17</th>
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<tr>
<td>Is there any information on repatriation/inflight or retrieval nursing? Are there any recognised courses/qualifications in repatriation nursing?</td>
<td>Date completed: 21/11/17</td>
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<td>Compiled by:</td>
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**Information Resources Used:** BNI, EMBASE, CINAHL, Google Scholar, TRIP database

**Limits Used:** English language, last five years

**Librarian’s Comments:**

Seven articles were selected as being relevant and current. Only the first one on the list was directly about repatriation nursing. Information about courses/qualifications was not found but guidance has been included as have some personal stories from nurses who were/are involved in repatriation, for interest. If you would like any of the articles which aren’t available via OpenAthens please let me know and we will endeavour to source them for you.

Morag

**Guidance:**

- **New guidance for care professionals supporting seriously ill patients who wish to travel overseas**
  September 2017

  New updated guidance for people in the advanced stages of serious and terminal illness who wish to fly abroad is launched today by national hospice and palliative care charity Hospice UK.

- **Nursing on the move – specialist nursing for patients requiring repatriation and retrieval** Royal College of Nursing - RCN source - 23 April 2015

  This RCN guidance is designed for use by nurses, managers and commissioners in developing either their individual role or developing a new or existing service and identifying needs within commissioning.

- **Personal stories from flight nurses:**
  - **Nursing at 30,000 Feet: Flight Nursing in the United Kingdom**

    In this interview, Ray Skarratt, BA, RGN (registered general nurse), RMN (registered mental nurse), RNT (registered nurse teacher), a flight nurse from the United Kingdom, describes the autonomous role that nurses have in repatriating citizens from foreign countries back into the United Kingdom

    - **A different type of nursing: Aviation Nurse**
“For the last 12 years I’ve been a flight nurse, travelling around the world on both air ambulances and commercial airlines, bringing patients home to the UK and accompanying patients back to their homes overseas.”

Summary of main findings:

A search was conducted using the following databases: BNI, CINAHL and EMBASE. The terms “repatriation”, “inflight” and “retrieval” nursing were used. Seven articles were selected based on their relevance and currency. They were then placed into categories and are summarised below.

Nursing expertise

1. Reliance on expert flight nurses to move critically ill or injured patients generates considerable need for these nurses to obtain advanced education and maintain clinical expertise. The newly proposed middle-range theory of flight nursing expertise provided an initial framework to guide education and training in this rapidly changing specialty, but the framework had yet to be compared to the actual experiences of flight nurses in research. A cooperative inquiry approach was used to guide an investigation into the validity of the theory. The study consisted of two cycles of inquiry. In the first cycle, post-flight questionnaires were administered after patient missions to assess the presence or absence of each concept described in the theory. In the second cycle, individual interviews were used to further explore the flight nurses' decision-making during patient transport missions. Data collected from flight nurses about their decision-making on patient transport missions supported the presence of all the concepts in the newly proposed theory. Another concept, partner cuing, emerged as a concept to be added to the theory, while the concept decision-making, was revised to expanded decision-making. The importance of partner cuing was confirmed by flight nurses as reflecting their expanded decision-making during patient missions.

Repatriation, undocumented immigrants and end of life care

2. Undocumented immigrants who become ill with a life-limiting illness are often faced with difficult choices and decisions to make. One decision with important advocacy implications for the palliative care nurse is whether the individual wants to spend the last few weeks and days of life in this country or his/her country of origin. Through a case study, some of the unique barriers undocumented immigrants face when they receive a diagnosis of a terminal illness and want to return home will be reviewed. Critical components of the nurses' role in guiding the patient and family through an anticipated process of benefits and burdens as they contemplate returning to their country of birth are described.

3. How people die lives on in the memory of those who survive. It is therefore pivotal for palliative teams to help craft an ending in line with patient and family goals. It has been observed in a tertiary cancer centre that there is often a spiritual imperative for patients to return to their nation of birth, once treatment is stopped and mortality accepted. The practical anxieties of health professionals often act as delays to repatriation at the end of life. Checklists to facilitate these journeys would ensure that the process does not need to be learnt each time, and that windows of opportunity are not missed.

Repatriation of the elderly

4. As the world’s population ages, the number of elderly and very elderly international travellers continues to increases. Many of these travellers are afflicted with multiple, often severe, medical conditions; in fact, a significant portion of these elderly travellers are considered end stage with respect to their disease state. While traveling, they are exposed to travel hazards and deterioration of their already compromised health. Once acute illness or injury occurs, medically appropriate, compassionate repatriation of these elderly patients is associated with
a range of complex challenges. In this series, we present 4 cases that demonstrate these challenges.

**Repatriation of the mentally ill**

5. Severe mental illness occurring abroad is a difficult situation for patients, their families, and for the local medical community. Patients with mental problem are doubly stigmatized due to their mental illness and because they are foreigners in an unfamiliar country. Moreover, repatriation - which is vital in this case - is often delayed due to the lack of international protocols for the transportation and treatment of mentally ill travellers.

**Role of the helicopter in patient care during repatriation**

6. Emergency care research is advancing, but little is known about the patient's perspective of helicopter emergency medical services (HEMS). For trauma patients to be taken seriously and treated as 'worst cases' enables them to trust their caregivers and 'hand themselves over' to their care. HEMS provide additional advantageous circumstances, such as being the sole patient and having proximity to a small, professional team.

7. The profile of Graham Lloyd-Brandrick, lead advanced practitioner at Noble's Hospital on the Isle of Man is described and his work with the air-ambulance service, flying very ill patients to hospitals in the north-west of England for specialised services unavailable on the island.
<table>
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<tr>
<th>Priority</th>
<th>Category</th>
<th>Date</th>
<th>Title</th>
<th>Details – abstract, citation, hyperlink etc</th>
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| 1       | Nursing expertise | 2013 | **Early examination of the middle-range theory of flight nursing expertise** | Author(s): Reimer, Andrew P.; Clochesy, John M.; Moore, Shirley M.  
Source: Applied Nursing Research; Nov 2013; vol. 26 (no. 4); p. 276-279  
Publication Date: Nov 2013  
Publication Type(s): Article  
Abstract: Reliance on expert flight nurses to move critically ill or injured patients generates considerable need for these nurses to obtain advanced education and maintain clinical expertise. The newly proposed middle-range theory of flight nursing expertise provided an initial framework to guide education and training in this rapidly changing specialty, but the framework had yet to be compared to the actual experiences of flight nurses in research. A cooperative inquiry approach was used to guide an investigation into the validity of the theory. The study consisted of two cycles of inquiry. In the first cycle, post-flight questionnaires were administered after patient missions to assess the presence or absence of each concept described in the theory. In the second cycle, individual interviews were used to further explore the flight nurses’ decision-making during patient transport missions. Data collected from flight nurses about their decision-making on patient transport missions supported the presence of all the concepts in the newly proposed theory. Another concept, partner cuing, emerged as a concept to be added to the theory, while the concept decision-making, was revised to expanded decision-making. The importance of partner cuing was confirmed by flight nurses as reflecting their expanded decision-making during patient missions. 6 references  
Database: BNI |
| 2       | Undocumented immigrants at end of life | 2016 | **Elective Repatriation for Undocumented Immigrants at End of Life** | Author(s): Smeltz, Robert  
Source: Journal of Hospice and Palliative Nursing; Apr 2016; vol. 18 (no. 2); p. 92-97  
Publication Date: Apr 2016  
Publication Type(s): Article Case Study  
Abstract: Undocumented immigrants who become ill with a life-limiting illness are often faced with difficult choices and decisions to make. One decision with important advocacy implications for the palliative care nurse is whether the individual wants to spend the last few weeks and days of life in this country or his/her country of origin. Through a case study, some of the unique barriers undocumented immigrants face when they receive a diagnosis of a terminal illness and want to return home will be reviewed. Critical components of the nurses’ role in guiding the patient and family through an anticipated process of benefits and burdens as they contemplate returning to their |
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<th>Year</th>
<th>Title</th>
<th>Author(s)</th>
<th>Source</th>
<th>Publication Date</th>
<th>Publication Type(s)</th>
<th>PubMedID</th>
<th>Abstract</th>
<th>Database</th>
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<td>3</td>
<td>End of life</td>
<td>2016</td>
<td>When 'home' means another nation: The power and pitfalls of repatriation at the end of life from a tertiary cancer centre.</td>
<td>Author(s):</td>
<td>Source: Journal of Clinical Oncology; Oct 2016; vol. 34 (no. 29); p. 46-46</td>
<td>Publication Date: Oct 2016</td>
<td>Academic Journal</td>
<td>28156608</td>
<td>Abstract: Background: How people die lives on in the memory of those who survive. It is therefore pivotal for palliative teams to help craft an ending in line with patient and family goals. It has been observed in a tertiary cancer centre that there is often a spiritual imperative for patients to return to their nation of birth, once treatment is stopped and mortality accepted. Methods: Retrospective chart review of 3 patients repatriated for end of life care to their nation of birth (Romania, Portugal, Ireland), focusing on: the conversations about the goal of repatriation and its meaning to the patient; the practical barriers and enablers of repatriation of patients with advanced cancer. Follow-up interview with bereaved families to establish impact of repatriation. Results: Chart review revealed multilayered hesitant conversations, often facilitated by the palliative care team, to establish that getting 'home' meant returning to the country of birth. This became an overarching pre-occupation for the patient, family and team. Patients were not concerned whether they were transferred to a hospital, hospice or family home - it was the country that mattered. There was huge anxiety and little objectivity about fitness to travel. Nurses were more anxious than doctors. Patient and family expressed least anxiety. There was a knowledge deficit regarding fitness to fly, whether an escort was needed, the respiratory and metabolic effects of flight, and how to maximize wellbeing on the journey. Reassurance was gained if the transfer was to a hospital, with greater concern if the transfer was to a community setting. Follow-up interviews with bereaved families are still in progress. Initial findings suggest no regrets in terms of the decision to fly home, and that self-esteem improved with familiarity and social connection. Conclusions: The practical anxieties of health professionals often act as delays to repatriation at the end of life. Checklists to facilitate these journeys would ensure that the process does not need to be learnt each time, and that windows of opportunity are not missed. Achievement of spiritual goals for a loved one is hugely important to those who live on.</td>
<td>CINAHL</td>
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<td>4</td>
<td>Repatriation of the elderly</td>
<td>2012</td>
<td>Air Medical Repatriation: Compassionate and Palliative Care Consideration During Transport.</td>
<td>Author(s): Duchateau, François-Xavier; Verner, Laurent; Gauss, Tobias; Brady, William J.</td>
<td>Source: Air Medical Journal; Sep 2012; vol. 31 (no. 5); p. 238-241</td>
<td>Publication Date: Sep 2012</td>
<td>Periodical</td>
<td>22938955</td>
<td>Abstract: As the world's population ages, the number of elderly and very elderly international travelers continues to increases. Many of these travelers are afflicted with multiple, often severe, medical conditions; in fact, a significant portion of these elderly travelers are considered end stage with respect to their disease state. While traveling, they are exposed to travel hazards and deterioration of their already compromised health. Once acute</td>
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illness or injury occurs, medically appropriate, compassionate repatriation of these elderly patients is associated with a range of complex challenges. In this series, we present 4 cases that demonstrate these challenges.

**Database:** CINAHL

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<tr>
<th>5</th>
<th>The repatriation of the mentally ill</th>
<th>2017</th>
<th><strong>Patients with mental problems - the most defenseless travellers.</strong></th>
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<td></td>
<td>Author(s): Felkai, Peter; Kurimay, Tamas</td>
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<td>Source: Journal of Travel Medicine; Sep 2017; vol. 24 (no. 5); p. 1-6</td>
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<td>Publication Date: Sep 2017</td>
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<td>Publication Type(s): Academic Journal</td>
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<td>PubMedID: 28931125</td>
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**Abstract:**

**Background:** Severe mental illness occurring abroad is a difficult situation for patients, their families, and for the local medical community. Patients with mental problem are doubly stigmatized due to their mental illness and because they are foreigners in an unfamiliar country. The appropriate treatment is often delayed, while patients are often dealt with in a manner that violates their human rights. Moreover, repatriation - which is vital in this case - is often delayed due to the lack of international protocols for the transportation and treatment of mentally ill travelers.

**Methods:** Authors analyzed several factors related to acute mental health problems during travel: the etiology of symptoms, the appropriate treatment possibilities abroad, and medical evacuation and repatriation of the psychotic patient. The article presents a brief review of travel-related mental disorders, the epidemiology of mental health issues faced by travelers, and the significance of pre-travel advice for these patients. The first problem is to recognize (and redress) the particular challenges faced by a psychotic patient in a strange country. The second challenge is to prepare the patients, often in a poor psychiatric state, for medical evacuation by commercial aircraft. Another important question is the best way to take the patient through customs and security control. All of these, as yet unresolved, issues can make the mental patient virtually defenseless.

**Conclusions:** Although timely repatriation of a mentally ill patient is vital and urgent, most travel insurance policies exclude treatment and repatriation costs incurred due to acute mental illness. The high cost of treatment and repatriation must be paid by the patient or their family, which could lead to severe financial strain or insolvency. Changing the approaches taken by the local mental health care community, police, airport security, and insurance companies remain a challenge for psychiatrists.

**Database:** CINAHL

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<th>6</th>
<th>Role of helicopter in patient care</th>
<th>2017</th>
<th><strong>The helicopter as a caring context: Experiences of people suffering trauma</strong></th>
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<td>Author(s): Sandström, Linda; Nilsson, Carina; Juuso, Päivi; Engström, Åsa</td>
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<td></td>
<td>Source: International Emergency Nursing; May 2017; vol. 32 ; p. 34-38</td>
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Abstract: Introduction. When emergency medical services (EMS) are needed, the choice of transport depends on several factors. These may include the patient’s medical condition, transport accessibility to the accident site and the receiving hospital’s resources. Emergency care research is advancing, but little is known about the patient's perspective of helicopter emergency medical services (HEMS). Aim. The aim of this study was to describe trauma patients’ experiences of HEMS. Method. Thirteen persons (ages 21-76) were interviewed using an interview guide. Data were analyzed using qualitative content analysis. Findings. The analysis resulted in three themes: Being distraught and dazed by the event - patients experienced shock and tension, as well as feelings of curiosity and excitement. Being comforted by the caregivers - as the caregivers were present and attentive, they had no need for relatives in the helicopter. Being safe in a restricted environment - the participants’ injuries were taken seriously and the caregivers displayed effective teamwork. Conclusion. For trauma patients to be taken seriously and treated as ‘worst cases’ enables them to trust their caregivers and ‘hand themselves over’ to their care. HEMS provide additional advantageous circumstances, such as being the sole patient and having proximity to a small, professional team. References

Database: BNI

7  Air ambulance  2012  More than just care in the air.

Author(s): Middleton, Jenni
Source: Nursing Times; Dec 2012; vol. 108 (no. 49); p. 27
Publication Date: Dec 2012
Publication Type(s): Article
Available at Nursing Times - from Thomas Sydenham Library (lib310635) Local Print Collection [location] : Dorset County Hospital Library.

Abstract: Role Model series. Profile of Graham Lloyd-Brandrick, lead advanced practitioner at Noble's Hospital on the Isle of Man, and his work with the air-ambulance service, flying VIPs (very ill patients) to hospitals in the northwest of England for specialised services unavailable on the island. 0 references

Database: BNI