

E-Magazine

July 2022

NZNO
coastn
COLLEGE of AIR & SURFACE TRANSPORT NURSES



Photo Credit Travers Tennant NZFD



College of Air and Surface Transport Nurses
Section of the New Zealand Nurses Organisation



Kia ora koutou katoa,

Welcome to the July edition of the e-mag. Thank you, Angela, for your hard work with the e-mag, the past few years. I hope I can carry on your good work of keeping flight teams connected, and updated.

Winter has arrived! It seems like all we have had is rain and has made for some tricky flight coordination at times! The snow has arrived, and the mountains are looking spectacular out there (when we can see them!!)

This issue features a story about one of our Nelson pilots, Tony, and his charity Uplift In Kind that he manages in his time when he's not flying for us. My family has been lucky enough to experience the kindness of his charity, and we had a helicopter ride around Nelson last year. We are so lucky to be able to work with such fantastic humans!

There is also a great article from Taz about the challenges of organizing and running the Aeromedical course in a pandemic – a fantastic read, and a job extremely well done!

The committee enjoyed a Face to Face meeting in Wellington at the beginning of July. You can check out the updated COASTN Annual Plan here: [COASTN Annual Plan 2022-25.pdf \(nzno.org.nz\)](https://www.nzno.org.nz/annual-plan-2022-25.pdf)

Keep your eyes on the Website for the new Aeromedical Nurse of the Year Award. Nominations for this award will be called for soon, if you know of someone who has gone above and beyond. Details to follow.

Were you aware that COASTN offers a scholarship for nurses to attend conferences/courses. If you would like some financial help to go, you can fill out the scholarship application form which can be found on the COASTN website [Scholarships and Grants \(nzno.org.nz\)](https://www.nzno.org.nz/scholarships-and-grants) Condition of scholarship is that you will feedback from your course to COASTN either through presentation at a symposium or via an article in the E-Magazine.

I would love to hear from anyone who has a case study, or an education piece they would be willing share with COASTN for us to add to future e-mags. Would really love your photos from your days in the sky also.

Any ideas for stories, please let me know tania.parr@nmdhb.govt.nz

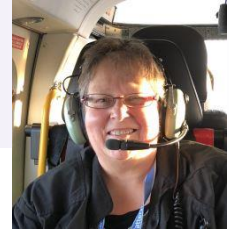
Tania

Did you know that COASTN is on social media?

Find us on Facebook

<https://www.facebook.com/groups/250823442046051/?ref=share>

and on Instagram <https://instagram.com/nznocoastn?igshid=YmMyMTA2M2Y=>



Greetings from the South, hope you are all keeping well in this busy stressful time, with both Covid and the flu impacting our services I acknowledge the amazing job you all are doing to keep patients moving around the country to obtain the best care in the most appropriate place, and of course often returning them back to their home base again.

COASTN met face to face for the first time in over a year last week and it was great to be able to discuss issues and plans in person rather than on zoom, we always seem to cover so much more when in a room together. Unfortunately, our Secretary Patrice was stuck at home on household contact isolation but did an amazing job of capturing the minutes via the zoom call.

A huge thankyou and congratulations go to Taz as the coordinator of the COASTN aeromedical retrieval course, this course has spread over 2021 and 2022 due to the many Covid cancellations, what an amazing job Taz has done to keep things on track and to deliver the usual high standard course in a different format. The next course will be in early 2023 so keep an eye out on the website and our social media forums (Facebook and Instagram) for details.

As we transition into the new Te Whatu Ora and Te Aka Whai Ora we will be watching with interest to see how this will affect our members, there has not been much information as yet about what changes will be made but we will be keeping up to date with any changes that may affect you.

As you will be aware from previous COASTN e-mags the National ambulance sector office (NASO) sits within the Ministry of Health, this group launched phase two of their strategic plan which is the aeromedical commissioning programme (ACP) which aims to transform New Zealand's fragmented air ambulance service into an integrated high-quality aeromedical service, this programme of work includes air ambulances (both rotary wing and fixed wing aircraft) and associated road ambulance transfers, hospital services and tasking and clinical coordination. To let them know we expect to have representation at the table when the aeromedical commissioning program, as representatives of the Nurses who work in this field COASTN is seeking to ensure that we have representation at the table when these decisions are being discussed. We have contacted NASO and let them know that we expect to have this representation at all discussions relating to this program. Unfortunately, this has not been the case to date. NASO has told us they will keep us informed of any developments and our reply was that this was not acceptable and that we must be represented at the discussions. We await their reply and I will update you when we hear back from them. As NASO is part of the ministry of health

we also wrote to the chief nurse and asked why these meetings have been planned without any nursing representation, to date we have not had a reply to our concerns.

We would like to know if any of our members are representing aeromedical nursing in any meetings or forums so we can get feedback on what is happening in the sector. If you sit on any committee, please let us know with an email to our secretary Patrice (contact details on website).

One of the concerns frequently brought to the college's attention is the inconsistency in pay scale that COASTN members are receiving from different DHB's. Our PNA Annie looked into this and it appears most of our members are being paid at the top level of the R/N pay scale. The question we asked is should we be on the senior nurse pay scale. After some investigation it was found that as the senior nurses do not receive PDRP payments and are not always paid shift allowance it is more beneficial for retrieval nurses to remain in their current scale. This is a process to bring the flight nurse role into the senior nurse scope which is a significant process that the college felt would not benefit its members at this time. We will continue to monitor this and if any members would like to explore this further, we will be happy to hear from you via our secretary

COASTN has decided to offer an annual award (if a suitable nomination is received) to a college member who excels in their role. Nomination criteria will be up on the website soon, and the first award will be presented at our AGM in November if an appropriate nomination is received.

Don't forget the symposium on the 2nd of November in Wellington, please make an effort to attend as it is the first symposium, we have been able to offer since Covid hit. The theme is Predictability in an unpredictable world. We have been hearing snip-its of the planning and it is going to have some high-quality speakers and topics so don't miss the opportunity to hear what they have to offer. Details will be on the website and registrations will be open soon. The COASTN AGM will be held during the symposium which is while in the same calendar year as the last one, it is a different financial year and it will bring us back in line with the symposium.

Finally keep warm and safe and may all your flights be smooth.

Lynette.

Regional Updates



Kia Ora from the team at NZAAS and Skyline Healthcare Group,

Our teams have been busy across all platforms over the past few months, and this has led to expansion in staff across the board. We have recently welcomed Vetri to our flight nursing team, Lilli to Mission Co-ordination and Jordan is based in Auckland as a load master. Oscar has also joined us as first officer on the King Air fleet and Josh as loadmaster/FO in Auckland.



The PTS service with Andy and Bryan at the helm has clocked up many Kms transferring patients across Auckland and the local area and between the airport and hospitals. NZAAS introduced the PTS service with Stryker power pro XPS in November 2021.

Congratulations to the 'class of 2021' aeromedical retrieval course participants who recently completed the final part of their course, with practical sessions here in Auckland. Pilots Daisuke, Finn and Kuni thoroughly enjoyed playing a part in the SIM sessions in MFT and SSH. Kudos to Taz who managed to pull off a course that seemed like mission impossible throughout the COVID pandemic. Hopefully the next one will feel like a walk in the park in comparison, Taz!



On finals into Kaitaia on a sunny but chilly June morning.

Until next time, mā te wā
From the team at NZAAS.

Waikato ICU retrieval team

The past two years have been difficult for all of us and we are all trying to get back to some sort of normality in our lives and work places but the same challenges of safe patient transfers remain.

Transporting patients from one hospital to another has been made more difficult with having to protect all involved in a transport when a patient with Covid needs to be retrieved. More planning and getting dressed up for the occasion.

I am sure that many of you can relate and it adds to the adventure and our problem solving capabilities.

At Waikato ICU retrieval team we have had quite a few members leave and are in the process of orientating new members which adds to some fresh ideas and interesting stories.



We often have to do fixed wing transfers and for this we use the Westpac Air Ambulance based at the Hamilton airport. Like most of the fixed wing fleet the planes are getting on in years and it will be interesting to see what is going to happen in the future with patient transfers and how that is going to be run. In the meantime we use one of the two MU2 aircraft. These Japanese built aeroplanes were developed in the late 1950's and New Zealand air force bought 4 of the 704 that were made.

At present there are only two in New Zealand and both used by the Air Ambulance. The older one has narrow door which does not allow for some bariatric patients to be loaded so when the second plane was brought into service a cargo door was installed making it easier to load and unload the stretcher.

The Westpac air ambulance does nurse only flights as well, and flies patients to and from anywhere in New Zealand to where they need to be. The patients range from babies to the elderly. Those who need to go for advanced medical care to those who need hospice care. This service is run by a nurse employed by the air ambulance and is separate from the ICU transport team.

As we head into winter and the snow is about on the Mountains we will all be enjoying our flights with one eye on the patient and the other taking heaps of pictures of the beautiful country that we fly over. Keep doing what you do and enjoy the work that impacts the lives of so many people.

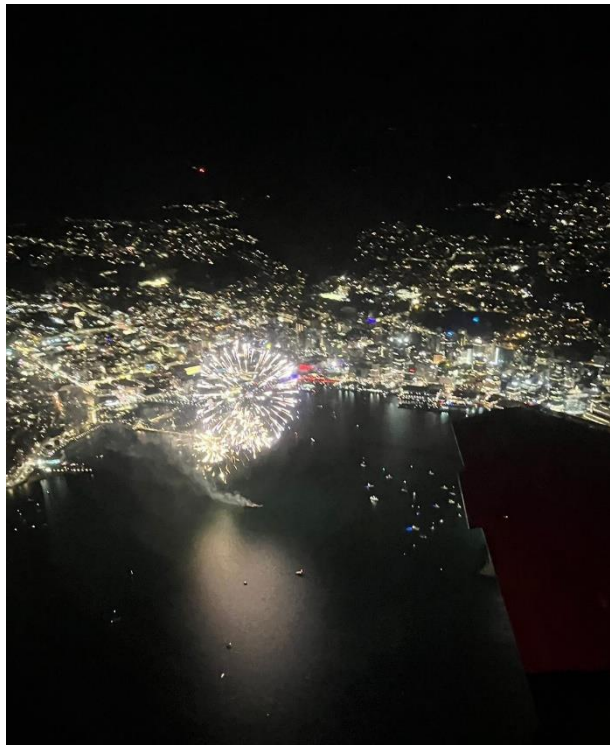
Stay safe,
John - Flight nurse Waikato ICU

Wellington Air Retrieval Service

Kia ora from the Wellington team.

I hope many of you managed some downtime to celebrate Matariki with friends and whanau. While many of our team were creating new traditions and memories with their families, we had three teams out on missions. One flight was perfectly timed to take off over the celebratory fireworks with a birds-eye view.

This week we farewell Tracy Klap who has most recently been our flight CNS and prior to that a senior Flight Nurse and hugely experienced Nurse Educator. Tracy has been an amazing leader for the flight service over the past year and her absence will certainly be noticed. We wish her well in her future endeavours which for now includes spending precious time with her family.



We will soon welcome Sarah Rogers back from maternity leave and welcome her into the Flight CNS role, congratulations Sarah and welcome back. There will be a brief interval where the Flight Coordinators and Clinical Lead Alex Psirides will deal with any pressing needs prior to Sarah commencing mid-August.

We welcomed Liz to our Flight Coordinator team in February, welcome to the team Liz. Our Flight Nurse team continues to grow with Amy and Komal recently joining and Julie starting her rotation in August – all very welcome additions and fitting in well. We farewell Erin who is off on her long awaited OE – have an amazing time Erin and I hope we will see you again once you've explored the world.

Three of our team and one senior registrar have recently been in Auckland completing their HUET (helicopter underwater escape training), nice to have that done for another 2 years – great work ladies, a frequently dreaded experience! We are looking forward to running the Wellington Flight Course in September this year, the past few years have been tricky as we know but hopefully we are now nearing our new normal. Alex and I have been lucky enough to receive funding to attend the ASA conference in Brisbane later this year so look forward to seeing some other Kiwi flight nurses there.



Finally, work is underway for the first COASTN symposium in three years:

Predictability in an Unpredictable World.

Wednesday 2nd November, Wellington

So, save the date and further information will come shortly.

Andy Gibbs

Flight ACNM

Dunedin NICU Transport Team

The Dunedin NICU transport team has been very busy this year, our retrieval and transfer numbers are up from what we would normally undertake in the 6months to June each year. The new fixed wing skyline is being used a lot, we hardly ever use ambulance to Invercargill now, with the benefit to the baby of less time in transit so less tiring for a fragile newborn. (the nurses quite enjoy the short flight as well) We have welcomed some new nurses onto the transport team while we have lost some more experienced nurses to other areas.

Nelson Flight Team

Kia Ora from Sunny Nelson,

It's been a busy time here lately with usually multiple jobs on every day, and we usually have to use the expertise of our friends in Wellington, Whanganui and Christchurch to complete all of our jobs in a timely fashion!

We've had a couple of staff leave, but have welcomed 2 new flight nurses, Laura and Kier who have both completed their orientation buddy flights, and are settling well into the team. We also welcome back Kylie after her return to work after an injury last year.

The Wairau road team have just had a new road nurse start – Welcome to Kittie who joins Lachlan who together cover 0.9FTE on the road to help with tarmac transfers or Wairau to Nelson transfers.

Planning has begun for our flight and road team education days coming up in October. We find these to be really valuable days as a team to do some refreshers, learning and go through possible scenarios we may encounter. We include our flight midwives on these days from both Nelson and Wairau, allowing everyone to get signed off for reorientation to aircraft and CAA requirements, and also come together and discuss any issues/ideas/case studies that could help the team as a whole.

Sunny Nelson has had a number of challenging not so sunny days. We had our plane and nurse had to return to Christchurch and stay for the night due to low cloud in Nelson, and then fog in the morning in both Christchurch and Nelson! A week later we had another nurse and our plane unable to land in Nelson and had to return to Woodbourne with a patient on board, but when its fine, there has been some spectacular views from the sky.



Marlborough Sounds

Use of Smart Capnoline Nasal Cannula on an International Retrieval.

Our ED in Hawkes Bay has for a while had Smart Capnoline Nasal Cannula.



They are used on patients where CO₂ monitoring is required and supplemental oxygen is also needed.

Hawkes Bay Flight Team have been looking at the use of these Nasal Prongs to augment our tools for monitoring patients. We routinely use the ECG leads on our Zoll X Series monitors to measure respiratory rate, but

don't have any CO₂ monitoring unless the patient is intubated and ventilated.

For the patient that is intubated, the respiratory rate is reflected in the ventilator settings with the ECG lead obtained Respiratory rate not always correlating with the actual rate of the patient. It is always subject to artefact generated in the ECG leads. CO₂ is monitored via an inline CO₂ sampling adapter.



My recent mission to Rarotonga gave me the opportunity to use the Capnoline nasal cannula to its full effect.

The patient was a child who had an episode of Status Epilepticus. The treatment post extubation in Rarotonga Hospital 24 hrs before our arrival, was IV Clonidine for agitation and IV Fentanyl for the headache that he was suffering. After discussing the patient with the treating onsite Doctor it was agreed to substitute IV Clonidine for Clonidine patches. A request to change from IV Fentanyl to IV Morphine was made due to the longer half-life of morphine. The following morning this treatment appeared to be working well with only 2 x IV boluses of Clonidine required for agitation and 1 x IV dose of morphine for pain.

The patient was maintaining his own airway and had stable observations including a respiration rate of between 12 and 18 /min overnight. With SpO₂ of 98-100% overnight on air.

His GCS fluctuating between 14 & 15 /15 (E4, M6 V4 to E4, M6, V5) Scoring 4 due to confusion about where he was and how he got there. Understandable as he lives on a remote Island to Rarotonga.

Discussion with the team re: intubation for transport to Starship Children's Hospital vs. non intubation with all standard monitoring in place was explored. The transport doctor and myself were happy with the stability of the patient and therefore elected to travel with the patient self-ventilating but have a low threshold for intubation and ventilation if required.

All of this was discussed with the patient's father who was travelling with his son and understood the decisions we had made and why.

The loading and transport to the airport was uneventful as was the departure and climb to 41,000' ASL. This gave a cabin pressure of 5,000' ASL with the patient maintaining SpO₂ of 95% on air. All other observations were normal.

Due to strong Jet Stream winds which created some buffeting it was decided to climb to 43,000' ASL giving a cabin of 6,000' ASL.

Due to the buffeting, the patient complained of pain and became agitated and therefore was given IV Morphine with good relief of symptoms but did cause a drop in respiratory effort. SpO₂ dropped to 89% on air.

Placing the Smart Capnoline Nasal Cannula on the patient and plugging them into the Zoll monitor confirmed this was simple hypoxia. With a normal CO₂ and an acceptable respiratory rate these cannula gave us the ability to introduce oxygen and monitor the patient.

With 2L/min the patient's SpO₂ improved to 100% and was subsequently reduced to 1L/min to maintain SpO₂ of 95%.

For the rest of the mission the CO₂ & SpO₂ remained at acceptable levels. During descent the patient became more alert and kept taking the nasal prongs off. As the cabin descended the patient had no requirement for O₂ with SpO₂ of 99% on air.

The use of Smart Capnoline Nasal Cannula proved to be a useful tool during the transport of our patient. It will become an addition to our Zoll Monitors equipment bag in the future.

By Kelvin Still,

Flight Nurse

Hawkes Bay Flight Team

Air COASTN

Kia ora, my name is Taz and I am a full time intensive care nurse, flight nurse, PaR nurse, mother, and course co-ordinator of the COASTN Aeromedical Retrieval Course and I'd like to take you on a journey if I may.

It will be a flight with Air COASTN that will take you across the world and back, through an unprecedented amount of turbulence, diversions and plane changes, before we eventually arrive at our destination feeling a sense of achievement (if not slightly frazzled) and very much looking forward to a hot bath and a cold glass of gin and tonic.

Our journey begins back in December 2019 when I was busily planning the March 2020 Aeromedical Retrieval Course and out of the blue I was called back to the UK for a family emergency. It put me in mind of the time when you first receive a telephone referral for a patient retrieval - you gather as much information as possible, make a judgment about how this particular trip will go and make your preparations accordingly – Its either “I'll easily be back in time for dinner” or “Better cancel my evening plans it's going to be a long one.” Well, I did the same with this situation; I gathered the information, made a judgment “Oh I have plenty of time before the course” and packed my bags which were almost as cumbersome as the Thomas Pack – *almost!*

Little did I know the true picture of the situation was quite different to the one I had prepared for – we've all had those calls right....“It's just a seizure that turns out to be a cerebral aneurysm” or “It's just bronchiolitis that turns out to be an undiagnosed diaphragmatic hernia.” Just like any good flight nurse I had to roll with the punches – be flexible and adaptable to the situation I was now facing. Make new assessments, adjust the plans and “make it work.” This visit might take a little longer than planned – that's ok, I have an amazing support team back at base/home who can help and I will definitely be back in time for the course. We've all been there – that phone call home – I'm really sorry I won't make dinner, go ahead and eat without me but I should make it before the kids go to bed. So, whilst balancing family commitments both in the UK and at home I continued the long- distance planning, all the while preparing for the flight home.

Then came the turbulence...don't we all love a good bit of turbulence? This particular turbulence was called COVID 19 and it turned our whole flight journey on its head in more ways than one. It reminded me of one memorable transport many years ago where a metal bolt fell out of the body of our plane and I spent an immeasurable amount of time sat on the tarmac (actually on the tarmac) never knowing if or when it could be fixed and if or when we would be able to take off. From the moment COVID reared its ugly head, organizing this course has felt like that time on the tarmac – never knowing if/or when it will take off.

After an insane number of date changes, cancellations, delays and a huge amount of red tape I finally made it back to NZ a full year after I set off on that short visit to the UK. The course however had still been unable to take off despite all the support here. Ok, so I had a little breather on that tarmac – a moment to gather my thoughts and readjust my thinking and plan for running the course in a changed world – kind of like how you all had to adapt to transporting patients in an ever changed world.....



Challenge number one: how do we provide training when we can't be face to face? 'Zoom' you say?... but how does that work? Luckily, flight nurses are experts at adapting to new technology on the spot ... twiddle the dials until the chest moves up and down , use the odd instruction manual and if all else fails you phone a friend. Well, that was me learning how to use Zoom. Who doesn't love a good breakout room where you can go and have a moment of peace from the chaos?



Challenge number two: engaging the students in all the essential theory via zoom is like trying to remember which gas law is which when you are in the chopper with an intubated asthmatic patient and your ventilation is going haywire. I would like to compare invigilating an exam via zoom, to coordinating a resus– it involved the same skills but slightly more stressful!

But we got there and we survived the theory days in 2021, relatively unscathed and just before the winter pressures really started to ramp up. However once again turbulence hit and the practical days had to be postponed. No problem... we go back to waiting on the tarmac.

At this point it's important to mention the generosity, patience and flexibility of the many people who volunteered their time and equipment to teach and be involved (in a manner of ways), on this course, all free of charge. They were rearranged countless times over the two years and they all took it in their stride with good grace, humor and understanding. Nurses, Doctors, Pilots, Product Reps, Huets, Warbirds, ARHT, to name but a few. NZAAS also deserve a very special mention for their huge generosity in loaning a fixed wing plane and Pilots for two days for the simulation component of the course. This is given at huge expense to their company and without which, the simulations simply wouldn't be able to happen as they do, in as realistic environment as we can create.

When I think of all these amazing people who surround me to make flight COASTN possible I am reminded of the vast number of people and equipment required to make an aeromedical retrieval run smoothly – many working tirelessly behind the scenes and never receiving any recognition – we mustn't forget those team members who work outside the limelight. Just like any flight nurse on an aeromedical retrieval I was required to link with, support and coordinate all these teams (from a range of different locations across NZ) to ensure everyone arrived at the right place at the right time with the right equipment. It's a lot of balls to have in their air at the same time!

Talking of equipment - I chuckle at the memory of the journey where I succeeded in squeezing two Thomas Packs, three life sized manikins, three "airway heads" (more like head and torso), two huge boxes of simulation equipment, two mobile monitors and handheld units and snacks (most important) into my car, alongside my 4 year old (who got the fright of her life when a leg fell off one of the manikins)! And let's just agree that none of us needed the gym after the heavy lifting of equipment to and from the simulation stations - which also saw us become overnight repair men, troubleshooting faults on the fly, just like when we are on retrievals and trying to figure out what the damn beeping noise is.



Then there are the unpredictable and uncontrollable factors to navigate – what if the weather is terrible and the plane can't land (sound familiar)? Plan B – go by road? Maybe we could do simulations in the back of the ambulance or even one of the old warplanes in the Warbirds hanger! What if I get COVID and can't attend? Who will run the practical days? What if any of the sim team get COVID and can't attend? What if one of the 'out of Auckland' students gets COVID whilst up in Auckland and can't fly home? Who tests when and what PPE do we have to wear? Gosh I know that we have to be prepared for all eventualities on retrievals, but I think we were on plan X, Y and Z by this time.



Fast forward to June 2022 and the simulation days were finally all go, the team assembled, the equipment gathered and what a beautiful sight it was to see fixed wing SSH taxiing down the runway towards us...even if it did require IFR due to the storm!



Half of the students went off to try and remember how to make those pesky lifejackets work so they could escape the HUETs, all with a touch of nerves, teamwork and a good dose of laughter. The other half were in for a day of simulation training, involving imagination and flair for the dramatic being the orders of their day – we all know the team members that bring those qualities to a transport! The two groups swapped over for day two. For the simulation team, it was two full days squashed in each end of the plane with realistic flight noises, familiar sounds and conversations and the wind literally buffeting us around – we felt like we had done 12 back to back flights each day and definitely recognized that all too familiar aviation fatigue by the end.



It is important to acknowledge that occasionally we all have retrievals where you are unable to bring the patient all the way and this journey was no different which is always difficult; but you will be pleased to know that no-one drowned during the HUET's and one of the students even took off on her own adventure through Canada! We hope she had a fantastic time!

We rounded off this epic journey with the most important component of any retrieval - some good food, a few drinks and team bonding. It was a great opportunity for relationship building between a happily exhausted training team and a class of students who have finally completed their course after almost two years.



It has certainly been a rollercoaster ride to reach and achieve this goal of flight for Air COASTN, but along the way I have learned so many new skills, worked with some amazing people and experienced unprecedented change in the world. The thing that stood out the most for me was how many of my flight nursing skills have been so transferrable and useful in so many different circumstances. As with any successful retrieval, good communication, teamwork, flexibility and collegiality have been vital, not forgetting a sense of humor being essential to making it all happen. I have enjoyed the challenge of flight COASTN and I hope the students did too.

The amazing team behind me and this airline, whom without them none of this would be possible (including those who provide the gin), and myself are looking forward to Air COASTN 2023 flight! Let's hope for a little less flight delays, disruption, turbulence and weather issues along the way.

Nelson pilot Tony McCombe on giving back



Flying high above the usual world of medical procedures and family turmoil – an exciting escape even for just a few hours. This was how New Zealand Flying Doctors pilot, Tony McCombe decided he could help children and their families cope. Uplift In Kind focuses on bringing some much needed fun and a welcome distraction to those who are unwell or disadvantaged.

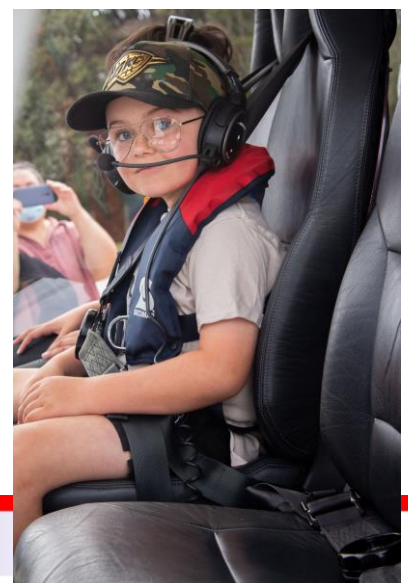
From helicopter and aeroplane scenic flights to skydives, private jet flights and even a father and son dog fight arranged in their very own military jet fighters. It started with Tony visiting charities in Auckland to ask if they would support the concept. Not surprisingly, they thought it was a great idea. And by working with these charities Tony could be assured that the families put forward for a flying experience would be those that would really benefit from it.

“I suppose it was a kind of ‘give back’ from what I learned from when I was a kid,” says Tony.

He’s certainly no stranger to dealing with family health issues; his older brother Mark was born with a disability and so his family had had a lot to do with the organisation that used to be known as IHC. “Dad did accounting for the Dunedin branch and as kids we would help with the annual collecting appeals.”

Families who are put forward for a flight come from all over the country, which made it important for Tony to expand the concept nationwide. He sees what Uplift in Kind is doing is a kind of “dating service in the middle” between the charities they work with and a partner group of aviation businesses who generously offer access to these fun aviation outings.

Take a look at www.facebook.com/upliftinkind to see what fun they get up to or email Tony at tony@upliftinkind.com if you know of a family who should be going for an Uplift In Kind.



UPCOMING CONFERENCES

2022



NTS²²

NATIONAL TRAUMA SYMPOSIUM

TOWARDS EXCELLENCE

27 SEPTEMBER 2022 | TE PAPA TONGAREWA, WELLINGTON, NEW ZEALAND | WWW.TRAUMASYMPOSIUM.NZ

Te Hononga Whetuki ā-Motu
National Trauma Network

We are delighted to announce the National Trauma Symposium 2022, is scheduled for Tuesday 27 September 2022 at Te Papa Tongarewa, Wellington, New Zealand.

Our programme will attract a wide variety of trauma practitioners from across New Zealand and will focus on the areas of:

~ Transport ~ Traumatic Brain Injury ~ Motivation ~ Chest Trauma ~
Critical Clinical Conundrums ~

PREDICTABILITY IN AN UNPREDICTABLE WORLD

COASTN FLIGHT SYMPOSIUM

Wednesday 2nd November 2022

The Hub, Kilbirnie, Wellington

Save the date, further details to follow



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