

2 – FALL, GLISSADING

CALIFORNIA



THE STORY:

A two-person climbing team had just completed the North Ridge Route on the mountain and were descending the back side when they encountered a late season snowfield and opted to save time by glissading. The steep snow-filled gully proved to be much firmer than anticipated and caused one of the 2 climbers to lose control approximately 200' (60m) above the bottom of the slope. The sliding climber gained speed, bouncing off the rock walls of a constriction in the gully and continued into the talus beyond. Another party descending in the same area heard about the accident and quickly hiked the 8 miles (13km) to the trail head to notify the county sheriff. @1600 the Pt's partner downclimbed to find his buddy awake and in severe pain from a left knee injury which was bleeding heavily. The climber wrapped his t-shirt around the Pt's knee to stop the bleeding and carved out a small flat area in the base of the gully for his partner to curl up on. @2100, just before dark, a rescuer was flown to an LZ approx. 500' (150m) above the Pt and descended to find the

patient awake and complaining of pain in his left knee, and the left side of his chest. The patient had positioned himself on his left side to stabilize his injuries. The Pt and witness denied a loss of consciousness or trauma to the head and stated that the Pt was wearing a helmet at the time of the fall. The 34 y/o male Pt had some difficulty taking a deep breath when examined and was very tender to the left lateral chest with crepitus noted. Lacking a stethoscope, lung sounds were not auscultated. The Pt had sustained an extremely tender open injury to the distal left femur which bled profusely when the t-shirt was removed for examination. The Pt had good circulation distal to the injury though ROM was significantly impaired. The left arm was bruised and abraded but not significantly tender to palpation. The Pt's spinal column was non-tender. The vitals were as follows: Respirations: 18, B/P: 132/p, Pulse: 76, Skin: warm, normal color, Pt awake and uncomfortable.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 2100hrs. with Anticipated Problems and an appropriate Treatment Plan.

The situation necessitated a night out in the gully with a helicopter evacuation scheduled at first light. Bleeding in the knee was easily controlled with direct pressure, a splint was built and the Pt was kept

as warm as possible overnight with vitals monitored periodically. @0500: P: 92, Skin: pale, cool, Resp.: 24 w/worsening distress, B/P: 124/p, Pt was awake and concerned about his worsening distress.

QUESTIONS

1. On the morning of the 2nd day, how worried are you about the status of this patient? Why?
2. Although the delay in evacuation is frustrating, it allows you ample opportunity to assess and treat this patient. How might you improvise some of the treatment plan?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
2100		
blunt trauma to L lat. chest w/rib fx and resp. distress	resp. distress / vol. shock	PROP / monitor / EVAC
Bleeding, unstable L knee inj.	cont. bleeding / swelling	direct pressure / clean, dress / splint / monitor
Unstable to clear spine 2° distracting injury	swelling	stabilize
Stable L arm injury	swelling	RICE
0500		
Comp. Volume Shock / ↑ resp. distress 2° blunt chest trauma	decomp. volume shock / ↑ respiratory distress	PROP / monitor / EVAC
Unstable L knee	swelling / infection	monitor CSM
Unstable to clear spine 2° distracting injury	swelling	immobilize for transport

NOTES

What Actually Happened Next ...

The Pt continued to complain of increasing respiratory distress while the evacuation was delayed due to wind conditions. At 1400 on the 2nd day the Pt was winched aboard a hovering helicopter and flown directly to the hospital. The Pt had multiple rib fractures on the L lat. chest. A chest tube was immediately placed and approx. 1500cc of fluid was drained from the Pt's chest. X-ray revealed that the Pt had sustained fractures to his distal L femur and went to surgery for repair. The Pt's spine was uninjured.