

3 – SKIER HITS TREES

ALBERTA



THE STORY:

A 22 y/o female skier lost control and fell on a long, steep, icy section of a ski run. According to witnesses, she slid about 200' (60m) on the main run and then into the trees at a high rate of speed. At 1120hrs., ski patrolmen arrived to find the patient awake and in extreme pain, stating she impacted on her right side while sliding sideways. She was not wearing a helmet but denied hitting her head. The patient was gasping for air and complaining of severe pain to her lower back, pelvis, and arm. She was only able to speak a few words at a time

due to the pain she was experiencing but stated she was allergic to aspirin, took birth control pills, had breakfast at about 8 that morning, and doesn't think she blacked out. On exam, she was very tender in the pelvis and lumbar spine. She had good motor and sensory function in all four extremities. Also noted was an angulated fracture of her right mid-shaft humerus with good distal CSM. Her vitals at 1125 were: Resp.: 28, Pulse: 116, B/P: 125/90, Skin: pale and cool, Pt was awake and in pain.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1125 hrs. with Anticipated Problems and an appropriate Treatment Plan.

During transport down the mountain on a snow-cat, the Pt complained of numbness in her legs and became unable to move her feet. Her vital signs

@1150 were reassessed as follows: Resp.: 36, Pulse: 132, B/P: 120/88, Skin: pale, cool, clammy, Pt was awake and very anxious.

Develop an Assessment for 1150hrs. with Anticipated Problems and an appropriate Treatment Plan. How has your assessment changed?

QUESTIONS

1. A competent assessment can rule out injuries and guide the care provider in prioritizing problems. Using a risk vs. benefit analysis, can you describe any particular treatment and evacuation challenges for this patient given her injuries in this environment?
2. How might you change your perspective on these challenges if this incident occurred in the backcountry rather than a ski area?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1125		
unstable pelvic injury	volume shock	immobilize / evac.
spine injury	swelling	immobilize / monitor
angulated R humerus Fx	distal ischemia	TIP / splint / monitor
1150		
compensated vol. shock 2° pelvic injury	decomp. volume shock	EVAC. to ALS
spine injury with neuro. deficit in lower extremities	swelling	maint. immobilization and monitor

NOTES

A neuro. deficit was noted @1150. Circulation remained in the lower extremities though the Pt was no longer able to feel sharp or dull sensations or move her legs.

What Actually Happened Next ...

The Pt was evacuated to the base of the ski area where a rendezvous with ALS was made. While the Pt presented with neuro. deficits in the lower extremities for some time, she suffered no permanent spinal cord injury. Her injuries included: 2 fractured lumbar vertebrae, a fractured pelvis, and a fractured upper right arm.