

# 7 – FAILURE TO ROLL KAYAK

QUEBEC



## THE STORY:

On a cool, rainy summer day, a 20 y/o novice kayaker flipped and failed to roll in a remote Class IV rapid in the Canadian Province of Quebec. His boat washed up in an eddy alongside his floating helmet leading his rescuers to assume he had punched out and floated by. It was a couple frantic moments

before the other paddlers realized that their friend was still in his kayak, trapped upside down and unresponsive. After extrication @1300, the Pt was U on AVPU and in respiratory arrest. He was quickly extricated from his boat and PPV was initiated. He still had a pulse.

**Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1300hrs. with Anticipated Problems and an appropriate Treatment Plan.**

After approx. 3 minutes of positive pressure ventilation, he regained consciousness and presented as awake and confused. On exam, the pt had a bruise on his L lateral forehead. His helmet had a crack through the lateral side and the chin strap was broken. There was tenderness in the lower cervical spine though no neurologic deficits were noted. The

Pt was coughing intermittently and had crackles in both lower lung fields. The Pt was shivering. The rest of the exam was unremarkable. Vitals @1305 were: Pulse: 90, Resp.: 22 with occasional coughing, B/P: UTA, Skin: pale, cool, and wet, Temp.: UTA, Pt was awake and confused.

**Develop an Assessment for 1305hrs. with Anticipated Problems and an appropriate Treatment Plan.**

SAMPLE history was largely unremarkable though it was discovered that the Pt had flipped on an eddy line at the top of the rapid and had failed to

roll upright. He likely hit his head on underwater obstructions and lost consciousness.

## QUESTIONS

1. Given the respiratory injury caused by this near drowning event, how might you expect your assessment to change if the Pt's respiratory status improved? Deteriorated?
2. What tools would you like to have on hand to manage this patient medically if you found yourself in the position of a rescuer in these circumstances?
3. What immobilization and evacuation materials might you have on a remote river trip such as this and how might you utilize them?

## ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
<b>1300</b>		
respiratory arrest	cardiac arrest	PPV
unable to clear spine 2°	swelling	stabilize
unresponsiveness		
<b>1305</b>		
Near drowning with persistent cough / crackles	↑ distress 2° pulmonary edema	PROP / monitor / EVAC
cervical spine injury	swelling	immobilize
TBI w/forehead bruise	↑ ICP	monitor

### NOTES


### What Actually Happened Next ...

The Pt remained awake and confused with a persistent cough and bilateral crackles for the remainder of the evacuation. A cervical immobilization was improvised using a PFD. The Pt was packaged in a crude hypo. wrap and transported in a kayak used as a stabilization device. Diagnosis in the hospital revealed: Concussion, Stable Fx to C5, and Pulmonary Edema due to prolonged submersion. The Pt was admitted to the ICU for a week until respiratory complications resolved.
