

8 – FALL, MTN. BIKING

WYOMING



THE STORY:

A group of four bikers traversing a high country trail at 11,000' (3,300m) began their long descent when one of the riders missed a switchback turn and launched over his handlebars, landing on his head approx. 15' (4.5m) over the bank. The rest of the riders found him unresponsive, his helmet cracked and called for help on a cell phone @1100 hrs. At 1330 the SAR team arrived after climbing 2,500' (750m) to access the patient. The Pt was found awake but subdued, oriented to person, place, time, and remembered losing control before the crash. The other riders reported the Pt had remained unresponsive for approx. 5 min. The Pt c/o a mild headache

and denied vomiting, severe headache, or neck and back pain. The Pt insisted he could walk without difficulty. The Pt stated he had no allergies, took regular high BP medication, had a Hx of hypertension, had been drinking water throughout the day and had his last meal at 0800 that morning. An exam was conducted and with the exception of some minor abrasions to his arms and legs, there were no abnormalities. Vitals were: Pulse: 80, Resp.: 16, B/P: 156/100, Skin: warm and moist, Pt was awake, calm, mildly uncomfortable and unclear about the details of the fall but retaining new memory.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1330hrs. with Anticipated Problems and an appropriate Treatment Plan.

QUESTIONS

1. Does a spine injury assessment and possible clearance seem appropriate to you under the circumstances? If not, why not?
2. How would you expect your assessment to change if the patient began presenting with increasing ICP? Would this change your assessment if the Pt was previously cleared?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1300		
TBI	↑ ICP	monitor / EVAC

NOTES

Spine injury R/O @1330 per spine assessment protocol. Pt reliable w/o distracting injury. Spine non-tender on exam. No deficits noted in motor/sensory exam.

What Actually Happened Next ...

The Pt was evacuated under his own power to the trailhead. A helicopter evac. was considered but ruled out by the difficulty of locating a suitable LZ and the patient's refusal to be evacuated by air. He was transferred to the care of an ambulance crew @1700 and was seen in a hospital. He was admitted for observation and although he suffered some mild cerebral edema, a CT scan revealed no intracranial bleeding.