

# 13 – FALL, ROCK CLIMBING

WEST VIRGINIA



## THE STORY:

A 40 y/o male fell while climbing at New River Gorge when his single piece of protection pulled out and precipitated a 50' (15m) fall to the ground. The Pt was wearing a helmet and a small pack. After landing on his back, he rolled onto his belly and dragged himself a short distance. One of his climbing partners reported the incident to rescuers conducting a Wilderness First Responder class nearby. At 0910, the Pt c/o pain in his legs. Pt denied hitting his head or a loss of consciousness. On exam, the Pt was awake, alert, cooperative and uncomfortable.

Cervical spine was non-tender. Pt was very tender in the lower thoracic spine with pain and tingling in both lower extremities. Pt had a small laceration on his right forearm. The rest of the exam was unremarkable. The Pt stated he had no allergies, took no regular medications, had no previous history of back injury, had breakfast at 0700 hrs. and estimated his fall distance at approx. 50' (15m). Vitals at 0910 were: Pulse: 72, Respirations: 16 without apparent distress, B/P: UTA, Skin: normal.

**Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 0910 hrs. with Anticipated Problems and an appropriate Treatment Plan.**

An ALS ground unit was notified of the accident by phone and additional rescuers arrived to assist the original hasty team. There were no new findings during a second exam. A Motor/Sensory exam

confirmed a neuro. deficit in the lower extremities (tingling). The Pt was located approx. 1 hr. by litter carry from the trailhead and from there approx. 2 hrs. by rough road to the nearest small hospital.

**What might your evacuation plan be given what you know about the situation?**



## QUESTIONS

1. When patients are routinely stabilized as a precaution based on MOI alone, care providers often decide not to complete thorough spine assessments. Why should you use the Spine Assessment Protocol on a patient such as this even when he is obviously injured?
2. How might this information effect his treatment?

**ASSESSMENT AND TREATMENT PLAN**

<b>A = Assessment (Problem List)</b>	<b>A' = Anticipated Problems</b>	<b>P = Treatment Plan</b>
0910		
thoracic spine injury w/ pain,	swelling	immobilize / monitor / EVAC
tingling in lower ext.		
rt. forearm laceration	infection	clean and dress

**NOTES**


**What Actually Happened Next ...**

@1000 an ALS team arrived and began an IV through which they were able to administer morphine for pain. The patient was immobilized in a litter and the WFR class had the unique experience of conducting an evacuation to the trailhead. The patient was transferred to an ambulance and driven to a landing zone where he was flown to a hospital. Follow up by local EMS representatives indicated that the Pt had indeed sustained fractures to T-12, L-1, and L-5. Bone fragments were removed during surgery and the prognosis was guard-  
edly optimistic.