

14 – AVALANCHE, CLIMBING

WASHINGTON



THE STORY:

A pair of friends were climbing up a steep mountain slope on a sunny spring day when the slope above them avalanched and swept the two down the mountain. After travelling approx. 1,500' (450m) in the slide, one of the climbers found himself on the surface having dislocated his shoulder in the fall. The other climber was found by his partner buried in avalanche debris up to his mid-chest and complaining of pain in his neck stating that he thought he had broken it in the fall. His partner laboriously dug him out of the debris with his usable arm and made him as comfortable as possible before descending on a three hour hike out to get help from a remote townsite. Word of the accident was passed via radio and reported as a probable fatality before a rescuer arrived at 1600 hrs. to find the Pt awake, disoriented, and in pain complaining that he was sure he had

broken his neck. Exam showed the Pt's head rotated to the right and flexed forward. Pain and tenderness in the upper cervical spine was noted and the Pt's head was carefully realigned and immobilized. The Pt had a number of lacerations without active bleeding, the most significant of which was noted on the lateral aspect of the left upper leg. The patient had good circulation, sensation, and motor function in all four extremities. The rest of the exam was unremarkable. Vitals: Pulse: 96, Resp.: 24 and easy, B/P: 134/82, Skin: pale and cool, Pt was awake and in pain. The Pt stated he had no known allergies, took ibuprofen for joint aches, had been well-hydrated and fueled prior to the incident, remembered tumbling and falling for what seemed to him a long time, and noted that he was able to move all extremities since the incident.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1600hrs. with Anticipated Problems and an appropriate Treatment Plan. Given what you know about the location of the accident, consider your options for evacuation of this patient.



QUESTIONS

1. In this story, the patient's cervical spine was re-aligned in the field prior to evacuation. What factors would persuade you to omit or discontinue your efforts at re-alignment?
2. How might patient alignment ease or complicate your evacuation?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1600		
cervical spine injury	swelling	immobilize / monitor / EVAC
laceration L lateral thigh with mult. minor lacerations	infection	clean and dress

NOTES

What Actually Happened Next ...

The Pt was evacuated just after dark by military helicopter using a winch and night vision goggles and then transferred to an ambulance for transport to the hospital. The Pt suffered multiple fractures to his vertebral column including C-1 and 2 but escaped other significant injuries. A halo stabilizer was applied to the Pt's skull and he remained in the ICU undergoing a number of surgeries during his rehabilitation. The Pt suffers from a decrease in his cervical range of motion but otherwise made a complete recovery.