

# 17 – FALL OFF CORNICE

OREGON



## THE STORY:

A 32 y/o male backcountry skiing with three friends, fell off a ridge when the cornice he was standing on collapsed. He tumbled approx. 150' (45m) through small trees and came to rest in a steep, narrow chute. His friends did not see the Pt fall but were able to ski down and find him within minutes. The Pt was wearing a helmet at the time of the fall. At 0700hrs., the Pt was alert and complaining of severe pain in his left hip and leg. The Pt denied a loss of consciousness. The Pt stated he had an allergy to morphine, took ibuprofen for chronic knee pain, had breakfast at 0530, and had been keeping up with fluid intake throughout the ski trip. The Pt was

extremely tender to the left pelvis and left proximal femur. The left leg was externally rotated and somewhat shortened. Circulation and sensation are intact in the distal left leg and the Pt was able to wiggle his toes despite the pain in his upper thigh and pelvis. The Pt was tender to the left lateral chest wall although he was able to breathe normally, no bruising, crepitus, or deformity was noted. Minor abrasions were noted under the Pt's chin where his helmet chin strap had been fastened. Vitals were: Resp.: 24, Pulse: 96, Skin: pale, cool, moist, Pt was alert, anxious, and in pain.

**Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 0700hrs. with Anticipated Problems and an appropriate Treatment Plan.**

The Pt continued to complain of severe pain in his pelvis and left leg. Distal CSM remained positive in the left leg which had been splinted without traction. The Pt was immobilized as effectively as possible,

packaged, and lowered down the remainder of the chute. Vitals were reassessed at 0800hrs. as follows: Pulse: 76, Resp.: 14, Skin: cool, Temp.: UTA, Pt was awake, alert, but still very uncomfortable.

**Has your assessment changed since 0700hrs.?**

## QUESTIONS

1. Do you feel more or less comfortable with the patient's condition after reassessment?
2. What packaging techniques might be considered for a patient with injuries like these?

**ASSESSMENT AND TREATMENT PLAN**

<b>A = Assessment (Problem List)</b>	<b>A' = Anticipated Problems</b>	<b>P = Treatment Plan</b>
<b>0700</b>		
comp. volume shock 2° unstable pelvic / femur inj.	decomp / ischemia	immobilize / monitor / EVAC
tenderness to L lat. chest 2° blunt trauma	volume shock / respiratory distress	PROP
unable to clear spine 2° distracting injury	swelling	immobilize
chin abrasions	infection	clean / dress
<b>0800</b>		
unstable pelvic / femur inj.	volume shock / ischemia	immobilize / monitor / EVAC
tender L lat. chest	volume shock / respiratory distress	PROP
unable to clear spine 2° distracting injury	swelling	immobilize

**NOTES**


**What Actually Happened Next ...**

The Pt was lowered out of the chute and then evacuated to an open area of level snow at the base of the slope. Eventually, the Pt was flown to a trauma center by medical helicopter, with no significant change in his condition. The diagnosis at the hospital was five pelvic fractures, three rib fractures, and a dislocated femur. The Pt was walking unassisted two months later.
