

# 18 – WET EXIT, KAYAKING

NEPAL



## THE STORY:

A staff training group on a kayak trip was running a class III section of the river when a kayaker flipped and failed to roll. The 27 y/o male wet exited and was able to self-rescue, climbing out onto a small beach bellowing in pain. At 0800, the Pt was sitting up, holding his left arm across his chest, c/o pain and immobility in his left shoulder and stated he thought he had dislocated it trying to roll upright. The Pt remembered the event, denied impact to the shoulder, head, or back and was alert and oriented. He had good circulation and sensation in the affected shoulder but with significantly reduced range of

motion of the shoulder. Distal strength and motion in the hand were intact. An obvious step off deformity was noted in the left shoulder. The left humerus and clavicle were palpated without obvious instability or deformity. The Pt had sensation in the deltoid muscle of the affected shoulder. The remainder of the physical exam was unremarkable. The Pt stated he was allergic to codeine, took no regular medications, had dislocated his shoulder once before about a year previously and denied a direct impact to the shoulder. Pulse was: 88, Resp.: 20, Skin: pale, cool, Pt was alert and in considerable pain.

**Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 0800hrs. with Anticipated Problems and an appropriate Treatment Plan. Does this injury fit the guidelines of the Wilderness Protocol for Dislocation Reduction?**

At 0830, the Pt was made as comfortable as possible and the shoulder dislocation was successfully reduced. Distal CSM was positive pre and

post-reduction. The Pt was evacuated for further evaluation.

**How does this treatment change your Assessment?**

## QUESTIONS

1. Does reduction of a dislocation change an unstable injury into a stable injury? If so, how does your treatment plan change for such a patient?
2. Do all successfully-reduced simple dislocations require evacuation? Under what circumstances might you choose not to evacuate such a patient?

## ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
<b>0800</b>		
L shoulder dislocation 2° indirect MOI	distal ischemia / swelling	reduce / EVAC
<b>0830</b>		
stable L shoulder injury (see notes)	swelling	RICE

### NOTES

Left shoulder was reduced per protocol @ 0830. Indirect dislocation with no obvious signs of fx. Pt has Hx of previous L shoulder dislocation. Reduced with traction, abduction, and external rotation (reduced in low baseball position). +CSM post reduction. Pt monitored during EVAC with positive distal CSM throughout.

### What Actually Happened Next ...

The Pt was reduced successfully and evacuated. Distal CSM remained intact and the Pt sought further evaluation on his return to town. He continues to paddle.