

# 19 – NVD, HIKING

## VERMONT



### THE STORY:

A group of 12 young students were out on a multi-day backpacking trip in the late summer. The group travelled up a long ridge without adequate food or water and were encouraged by their trip leaders to forage for berries along the hot, steep ascent. A 15 y/o female who had been eating a variety of berries stopped after ~7 hrs. of hiking and complained of exhaustion and refused to continue. At 1500hrs., the Pt vomited several times and complained of a belly ache and exhaustion. No other observations were made by the untrained leaders of the group and no treatment was initiated, though one leader hiked out to get help.

At 2400hrs., the rescue team arrived on scene to find the Pt lying on the trail. She was incontinent of feces and urine and had obviously vomited. The shivering trip leader was found petting the Pt's forehead and telling her it would be all right. All the previous pertinent medical Hx was obtained. On exam, the Pt was responsive to verbal stimulus, cool and moist to the touch, and shivering slightly. The Pt was tender to the abdomen with the rest of the exam unremarkable. Vitals were: Pulse: 112, Skin: pale, cool, moist, Resp.: 20, Temp.: 95° F (35° C) rectally, Pt was V on AVPU.

**Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 2400hrs. with Anticipated Problems and an appropriate Treatment Plan.**

At 0100hrs., the Pt was cleaned up, dried off and insulated with sleeping bags in a litter. Warm IV fluids were administered and the berries the woman had been eating were identified and the description relayed by radio to Poison Control. There were now

12 rescuers on the scene. Vitals were repeated: Pulse: 92, Skin: normal, Resp.: 16, Temp.: 96° F (35° C) rectally, although Pt had ceased shivering, Pt was awake and lethargic.

**Develop an Assessment for 0100hrs. with Anticipated Problems and an appropriate Treatment Plan. How has your assessment changed?**

### QUESTIONS

1. It's easy to imagine the patients altered mental status being of greatest concern to you as a rescuer, what implications would this have on your evacuation plan?
2. In the event of a long evacuation, what parameters would you monitor most closely to determine whether this patients' condition continued to improve or started to deteriorate?

## ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
<b>2400</b>		
toxin Rxn 2° to ingestion	cont. toxin reaction	poison control / EVAC.
comp. vol. shock 2° limited intake, sweating, vomiting, and diarrhea	decomp. shock	IV fluid replacement (if available)
mild hypothermia	cont. hypothermia	dry clothes / hypo. wrap
<b>2400</b>		
mental status / vital signs improving	same as above	PO fluids as tolerated

### NOTES


### What Actually Happened Next ...

At 0300, Poison Control advised that although the plant was poisonous, it would generally cause symptoms no worse than vomiting and abdominal cramps. Resources were too limited to attempt a carry out over the rugged terrain that night. The Pt was monitored with a helicopter evacuation arranged at dawn. The Pt was flown to a small regional hospital where she was evaluated and transferred to a larger facility with kidney damaged caused by prolonged dehydration. She spent some time in the hospital and eventually recovered.
