

25 – BEAR ATTACK, HIKING

MONTANA



THE STORY:

A hiker on a short outing from a remote trailhead was mauled by a brown bear he surprised along the way. Three other hikers discovered the Pt and sent one of their group to get help leaving the others to take care of the Pt. On arrival of the rescuers at 1700hrs., the Pt stated that the bear bit him several times on the arms and then bit him on the foot pulling his boot off. He stated that he had tried to walk out but had injured himself again as he tried to walk barefoot down the trail. The Pt complained of pain in both arms and his right foot. He stated he had no allergies, took no regular medications, had no idea

when his last tetanus shot was, had been drinking water and snacking all day, and remembered the attack in vivid detail. The Pt had 4 puncture / crush wounds of approx. 1" (2.5cm) in depth to each forearm that had resulted in some moderate blood loss but none of which was actively bleeding at the time of the exam. A 3" (7.5cm) fairly shallow laceration was noted on the bottom of the Pt's right foot. The Pt had blood on his face and neck which appeared to have come from his arms as no additional wounds were noted. Pulse: 86, Resp.: 20, B/P: UTA, Skin: normal, Pt was alert, oriented, anxious, and stunned.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1700hrs. with Anticipated Problems and an appropriate Treatment Plan.

At 1730hrs., the Pt's boot was located at the mauling site a short distance back up the trail. The Pt

complained of being cold and had begun shivering.

Given that the patient is approx. 2 hrs. from the trailhead and then 1.5 hrs. by the road to the nearest clinic, what might be your evacuation plan at 1730hrs.?

QUESTIONS

1. Wounds such as these have a high incidence of infection and are extremely difficult to clean effectively in the field. What sort of tools would you include in a field medical kit to make that job easier and more effective?
2. As you consider your evacuation plan at 1730hrs., can you justify a helicopter evacuation for this patient? What if a helicopter weren't available until the following day?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1700		
high risk bite wounds to both forearms w/o active bleed.	swelling / infection	thorough irrigation / dress / bandage
laceration to the R foot	infection	clean / dress / bandage
ASR	cont. ASR	calm Pt

NOTES

ASR resolved quickly with reassurance and treatment of the Pt's wounds.

What Actually Happened Next ...

The Pt was evacuated to the trailhead under his own power. The Pt received a tetanus shot in the hospital and his wounds were aggressively cleaned. The Pt developed infections despite the thorough cleansing of his wounds. These were successfully treated with further wound care and antibiotics.
