

26 – BROACH, CANOEING

NW TERRITORIES



THE STORY:

This story does not take place in a remote setting although the time interval from event to the hospital was in excess of an hour. It is included in this workbook because it is such an outstanding example and makes important points regarding both submersion and severe hypothermia.

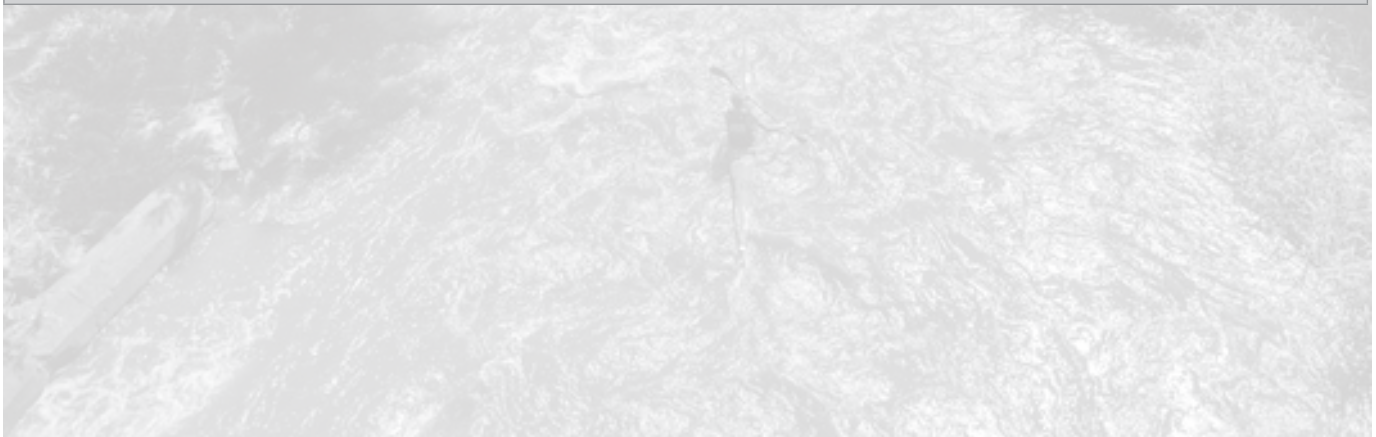
In preparation for a canoe race, a three-person team practiced their strokes on the river course they planned to run the following day. Spectators on a bridge over the river watched as the trio misjudged their route around a support pillar and broached their canoe on the cement piling. The bow and stern paddlers washed free of the canoe and were able to swim to shore downstream of the accident site. The Pt, sitting in the center of the canoe, was pinned between the canoe and the bridge pillar as it broached

and pulled underwater as it wrapped itself around the piling. Trapped between the canoe and the pillar, the Pt was submerged for 46 minutes before the efforts of rescuers resulted in her extrication. The 16 y/o female was pulled from the clear 35° F(2° C) water with her life jacket still on and moved quickly to a waiting ambulance. At 1400 hrs. the Pt was pulseless and extremely cold to the touch with facial edema and peripheral cyanosis noted on exam.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1400hrs. with Anticipated Problems and an appropriate Treatment Plan.

At 1403hrs., the Pt was pulseless and a cardiac monitor showed fine ventricular fibrillation. The Pt had a rectal core temperature of 73° F(22° C).

What are your primary treatment concerns with a Pt like this?



QUESTIONS

1. How might your treatment for this Pt vary in an ambulance vs. wilderness environment?
2. If a helicopter evacuation was available in a wilderness setting *within an hour*, would that change your treatment plan in a remote setting?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1403		
cardiac arrest 2° drowning	cont. cardiac arrest	PPV / CPR ?
severe hypothermia	cont. hypothermia	carefully handling / ALS

NOTES

What Actually Happened Next ...

In the hospital, the Pt was rewarmed 2° F (1° C) / hr. through the use of a ventilator, warmed IV fluids, rectal lavage, peritoneal lavage, and kidney dialysis (the hospital did not then have a heart bypass system). During the rewarming period, the Pt regained a perfusing pulse and then arrested on three occasions. Each time the Pt was resuscitated with defibrillation and minimal dose medications. The Pt was transferred from the emergency dept. to the ICU with a gag reflex and a B/P of 90/ 50 which led to cautious optimism amongst care providers. Two days after the event, sedation was decreased and the Pt woke up and waved to her parents responding approximately to simple stimulus. Two weeks after arrival the Pt was extubated and controlled her own airway effectively. After a month of intermittent setbacks, especially respiratory infections, the Pt was discharged to a rehabilitation center and continues to make improvements to this day.