27 – WINTER BACKPACKING



THE STORY:

A group of twelve college students arrived at the trailhead at the end of January and started up the trail in $0-10^{\circ}$ F (-15°C) temperatures on a multi-day backpacking trip breaking trail through one and a half feet of new snow for 5 hrs. before stopping for lunch. The 19 y/o female Pt did not eat or drink at the rest stop. After lunch, the group then began their steep, 3 mile (5 km) climb, passing a ranger station

and arriving at camp @ 1800hrs. They had been breaking trail for approx. 10 hrs. with full packs. The Pt was tired and wanted to rest before dinner. When her partner went to wake her at 2000 hrs., she was very cold and would not wake. Vitals were: Pulse: 40 and regular at the carotid, Resp: 8 and shallow, B/P: UTA, no radial pulse palpable, Skin: pale, cold, Temp: 86° F(30°C) orally, Pt was unresponsive.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note.

Develop an Assessment for 2000hrs. with Anticipated Problems and an appropriate Treatment Plan.

Three students returned to the Ranger Station seeking help (approx. 1mile down the trail) and arrived back at the camp about 2100 hrs. The caretaker of the cabin (a WEMT) arrived with a toboggan and on assessment found the patient cold, unresponsive, and cyanotic around the lips and extremities. The patients medical history was obtained from

the trip leader and there were no new findings. Vitals were reassessed: Pulse: 36, Resp.: 8, B/P: UTA, Skin: pale and cold, Temp.: 88°F (31°C) rectally, Pt was unresponsive.

At this point it started to snow and the Pt was carefully transported by toboggan back to the caretakers cabin arriving at 2300hrs.

Noting the time, distance to evacuation, and conditions on the trail, what might some of your treatment and evacuation options be?

QUESTIONS

- 1. Are there any other problems to consider in the differential diagnosis of this patient if, for instance, the rescuers lacked a suitable thermometer?
- **2.** If you encountered such a situation without access to a cabin and an unlimited heat source, how might you alter your treatment and evacuation plan?

ASSESSMENT AND TREATMENT PLAN		
A = Assessment (Problem List)	A = Anticipated Problems	P = Treatment Plan
2000		
severe hypothermia	↑ hypothermia	careful handling, prevent further
	respiratory failure	heat loss & prep. for evac.
2100		
severe hypothermia	↑ hypothermia	careful evacuation & monitoring
	respiratory failure	
2300		
severe hypothermia	↑ hypothermia	PPV / gradual rewarm. / closely
		monitor vitals

NOTES

As evac. was impossible given the conditions @ 2300, the decision was made to gradually rewarm the Pt by increasing the heat and humidity inside the cabin and continuing ventilations.

What Actually Happened Next ...

As careful evacuation to the trail head was next to impossible given the conditions, the caretaker slowly increased the heat and humidity in the cabin by placing water pots on the cookstove and keeping the fire stoked up. The patient remained U on AVPU. Her core temperature was taken at 86°F (30°C) and the rescuers began ventilations. After two hours, her core temp. rose to 90°F (32°C) though the Pt remained unresponsive. Nearly five additional hours of artificial ventilations and slow warming resulted in a core temp. of 94°F (34°C) and the Pt became V on AVPU. Within an hour, the patient regained consciousness and remained awake during the subsequent evacuation.
Consider the resources required for this positive outcome and the narrow window of opportunity to intervene. This is certainly an exceptional case and supports a careful case specific approach to management of the

hypothermic Pt