30 - CRAMPS, HIKING

CANYONLANDS



THE STORY:

A 36 y/o female on her second day visiting from Europe, hiked alone from the Island in the Sky Ranger Station to an overlook above the confluence of the Colorado and Green Rivers. This arduous hike involves travel on jeep roads and rugged trails with a significant elevation loss and gain. Mountain Bikers on the White Rim Trail encountered the woman lying on the trail huddled in a ball, shaking. The Pt complained of feeling miserable: dizzy, sluggish and cold—despite the 90° F (32° C) plus temps. The Pt stated she had been drinking water continuously during the day and experienced bouts of nausea just after leaving the overlook on her way up. The Pt c/o muscle cramps in both legs. The Pt stated she had no allergies, took no medications regularly,

estimated she had urinated x 6 over the last couple of hours, denied any recent illness or infection, had eaten a rice cake with peanut butter approximately 6 hrs. previously, and estimates she has had 5 liters of water. On exam at 1645 hrs., the Pt was found balled up on the trail awake and responding sluggishly to questions. She was pale and generally tremulous while a physical exam was conducted without other significant findings. Pulse: 104, Resp.: 24, B/P: 100/66, Skin: pale, cool, moist, Temp.: 96.5°F (36°C) orally, Pt was awake and slow to respond. During an hour and a half in the care of the mtn. bikers, the Pt passed urine x 3 and complained of thirst.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1645 hrs. with Anticipated Problems and an appropriate Treatment Plan.

QUESTIONS

- 1. What are the most useful signs and/or symptoms for determining the problem and the most appropriate treatment?
- **2.** Especially with exertion in a hot environment, fluid replacement is only half the equation. What strategies might you use to prevent such problems? How might you measure success?

ASSESSMENT AND TREATMENT PLAN		
A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1645		
depleted electrolytes	↓ AVPU / seizures	carefully replace fluids &
(hyponatremia)		electrolytes/EVAC
NOTES		
What Actually Happened Next		
A dilute sports drink was given in quantities sufficient for the patient to swallow small amounts of salty trail		
snacks as tolerated to replace electrolytes. The patient was evacuated by ground to the nearest hospital for		
evaluation. The Pt was diagnosed with hyponatremia (low serum sodium) which was gradually adjusted with		
IV normal saline. The patient spent the night in the hospital and was discharged with normal labs and without		
symptoms the next day.		
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