33 – ATAXIA, CLIMBING

WYOMING



THE STORY:

A 21 y/o male, accompanied by two companions, completed an ascent of Exum Ridge on the Grand Teton. The small group had approached the mountain by climbing approx. 5,000′(1,500 m) on the previous day to camp in preparation for the technical portion of the climb. Getting an alpine start, the group moved readily up the numerous rock pitches in fine weather to achieve the summit: 13,700′(4,200 m) at approx. 1200 hrs. After a short

break the climbers scrambled down to the fixed anchors for the rappel to the Upper Saddle when the 21 y/o male complained of a headache and dizziness stating he was having trouble with his balance as he arrived at the stance. He began stacking rope for rappel and fumbled repeatedly with the knot joining two ropes before his companions noticed his error and relieved him of the rigging.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1200hrs. with Anticipated Problems and an appropriate Treatment Plan.

At 1230hrs., one companion preceded the patient on the rappel leaving the other to assist him with his rigging and follow behind. The patient was able to descend to the Upper Saddle but complained his symptoms were worsening with an increasing headache, dizziness, and nausea. While the third climber completed his rappel, the patients companion completed a set of vitals: Pulse: 88, Resp.: 24

without apparent distress, Skin: slightly pale, Pt was alert and aware of his slight disorientation. The three climbers continued their scramble from the Upper Saddle down towards the Lower Saddle with the patient continuing to complain of symptoms, stumbling occasionally, and suffering a single episode of vomiting just before reaching the Lower Saddle: 11,500′(3,500 m) at approx. 1500 hrs.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1500hrs. with Anticipated Problems and an appropriate Treatment Plan.

QUESTIONS

- 1. If the patient had been unable to complete the rappel below the summit, what other alternatives would you consider for treatment or evacuation?
- **2.** If the Lower Saddle offered shelter and the possibility of a delayed helicopter evacuation (or) your party could descend in relative safety to the level of the previous night's camp and even lower below 9,000', which option would you choose and why?

ASSESSMENT AND TREATMENT PLAN		
A = Assessment (Problem List)	A = Anticipated Problems	P = Treatment Plan
1200		
headache & ataxia	↑ ataxia, ↓ mental status	feed and hydrate / monitor /
2° presumed HACE		descend cautiously
1500		
HACE	↑ ICP	descend and monitor
	NOTES	
What Actually Happened Next		
The patient was able to descend unc	ler his own power under the watchful	eyes of his companions and
improved with resolving nausea, he	adache, and ataxia with descent belov	v the Lower Saddle and then below
9,000'(2,700m). The patient was sym	nptom-free the following morning and	d completed the rest of the return
trip without incident.		