

36 – DISTRESS, ALTITUDE

BOLIVIA

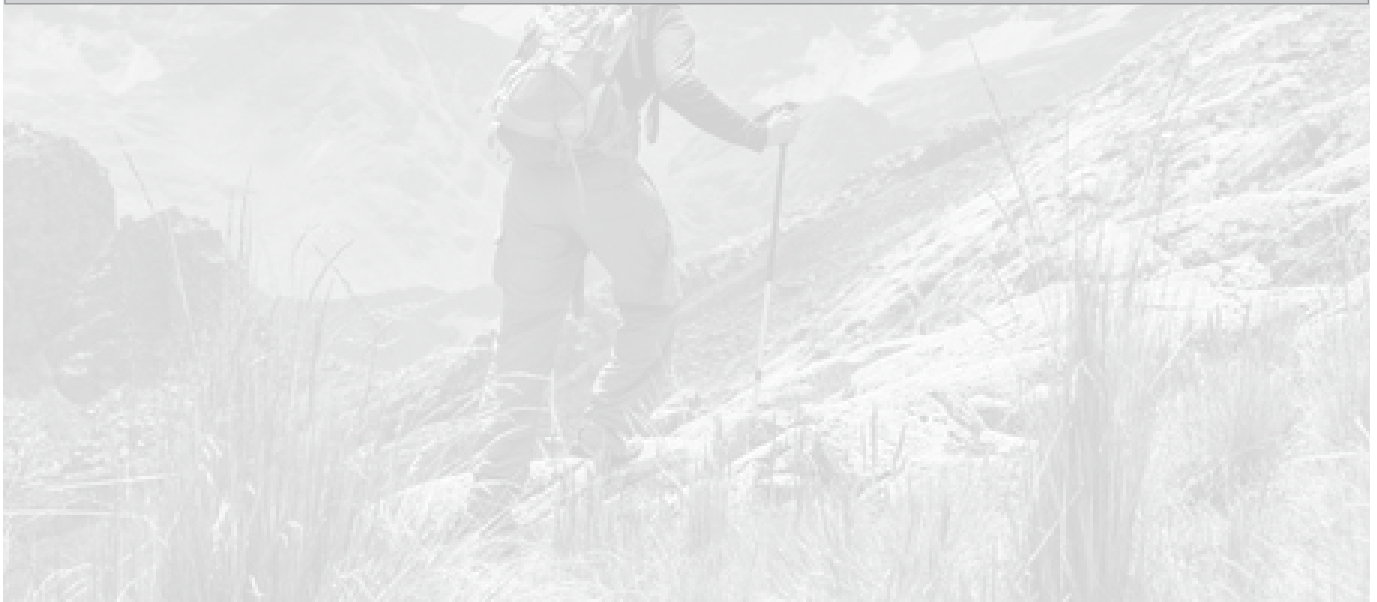


THE STORY:

While climbing in Bolivia at 18,000' (5,500m) a 35 y/o male developed shortness of breath, weakness, and slight ataxia. The group of climbers had acclimatized at 13,000' (3,900m) for four days, then 15,000' (4,500m) for two days and were going to set up a high camp with plans to return to sleep at the lower elevation that night. The group had not experienced any problems with altitude up to that point. At 1300hrs., the patient began to complain of SOB and weakness. He was having a hard time

standing up straight. He denied headache or any serious neurologic complaints. The Pt stated he had no allergies, had been taking low doses of acetazolamide throughout the trip, had no previous difficulty at altitude, was well fueled and hydrated, and stated his symptoms had come on gradually over the last two hrs. The Pt had crackles in both lower lung fields when a stethoscope was used to auscultate his chest. Pulse: 116, Resp.: 30 and labored, Skin: normal, B/P: UTA, Pt was alert and anxious.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1300hrs. with Anticipated Problems and an appropriate Treatment Plan.



QUESTIONS

1. If the patient had not presented with crackles on auscultation of his chest, would that change your treatment plan?
2. What treatment measures might you utilize if weather or environmental conditions made descent impossible?

