

39 – FALL, SKIING

BRITISH COLUMBIA



THE STORY:

A group of young males, inspired by sunny weather, skied out of bounds to a remote area with a reputation for fine steep chute skiing. The conditions that day were as dangerous as ever likely to be encountered with the chutes sheathed in ice from days of a recent melt/freeze cycle. Two of the individuals selected one of the steepest and tightest of the chutes as their descent route and both lost control immediately after skiing out onto the slope. Witnesses stated that the two picked up speed, lost their equipment, and started bouncing off trees in their path before disappearing into the bottom of the chute. The remaining skiers retraced their path out of bounds and reported the accident to ski patrollers on the nearest mtn. Although they responded immediately to the area below the chutes, it had been almost 45 minutes since the incident occurred when patrollers arrived on scene.

The first patrollers arrived at 1000 hrs. to find one young male at the base of a tree.

On exam Pt #1: The Pt was unresponsive and after checking his carotid pulse for a full minute was determined to be in cardiac arrest.

As other patrollers arrived, the second Pt was discovered at the bottom of the chute, moaning with gurgling respirations.

On exam Pt #2: Pt was pain responsive. His head had undergone significant trauma with deformity and swelling around the face and the posterior skull. Pt had a significant amount of blood in the airway: this was immediately cleared and PPV initiated. The patient suffered from severe respiratory distress with crepitus noted in the L anterior and lateral chest wall. Breath sounds were absent on the L side. The anterior abdomen was distended and tender. No gross deformities were noted in the extremities although the patient moaned loudly when his lower extremities were stabilized or moved. Circulation x4 extremities.

Pt #1: Despite CPR, the Pt remained in arrest. The Pt's chest wall and skull were very unstable.

Pt #2: The Pt's pulse: 140 and weak, Resp.: 40 and extremely labored, B/P: 180/p, Skin: pale, cool, moist, Temp.: UTA, Pt was P on AVPU.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1000 hrs. with Anticipated Problems and an appropriate Treatment Plan for both these patients.

The patrollers had access to ALS helicopter and ground ambulances. The evac. time from the scene after packaging was roughly 20 minutes to the

base area and an additional 30 min. by air to the Trauma Center.

QUESTION

1. If there were two rescuers on scene, how would you manage these two Pts? And with three rescuers?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1000		
Pt #1		
cardiac arrest	cont. arrest	CPR/ triage
Pt #2		
respiratory failure	respiratory arrest	PPV / EVAC. / ALS
2° blunt trauma to L		
lat. chest w/crepitus		
volume shock 2° internal	decompensation	monitor / EVAC
bleed. w/ tender ABD		
↑ ICP (P on AVPU) w/ severe head / facial injury	cont. ↑ ICP	monitor esp. airway
unable to clear spine 2° dis- tracting injuries, ↓ AVPU	swelling	immobilize
unstable ext. injuries	swelling / ischemia	stabilize / monitor

NOTES

What Actually Happened Next ...

Pt 2 was evacuated first to the base area, arriving in a toboggan behind a ski patroller travelling as fast as possible. By the time the toboggan arrived in the base area, a medical helicopter had landed and the Pt was taken directly to the LZ. The Pt's chest was decompressed by the flight crew and the resp. distress improved dramatically. Additionally, an IV was established, various medications were administered, and the Pt was intubated. Pt 1 arrived in the base area at about this time and resuscitation efforts were discontinued. Pt 2 was flown immediately to a Level 1 trauma center and survived despite his injuries. In fact, this Pt recovered so well he returned (this time with a snowboard) the following season.