



AAC Publications

Atypical Haze

Alaska, Denali National Park, Mt. McKinley, West Buttress

On June 3, an assistant guide (44) with American Alpine Institute radioed to NPS rangers at the 14,200-foot medical camp that he was descending from the fixed lines because he was not feeling well. He arrived at 5 p.m. in the company of Alpine Ascents International guides Don and Sarah Carpenter, who had agreed to bring him down from the top of the fixed lines. The guide's group, led by lead guide Paul Ivaska, continued up to high camp as planned. At the time, the guide seemed unusually tired and unwell, but not seriously ill. While descending with the Carpenters' group, he became increasingly weak, nauseous, and ataxic. The Carpenters carried his pack and assisted him on the fixed lines and on the descent from there to medical camp.

Upon arrival, he was evaluated by NPS volunteer medics Kevin Del Duca and Troy Norman. It was suspected that he was suffering from mild HACE, and a standard regimen of treatment including oxygen and dexamethasone was started. It also appeared that he could have been suffering from severe dehydration and/ or heat exhaustion, and he was treated for this as well.

Over the next two days and nights, his condition showed little to no improvement. On June 4, at 1:30 p.m., he was placed into the Gamow bag, and remained in the bag until 2:36 p.m., when he was removed due to inability to tolerate the heat inside the bag. The Gamow treatment produced a slight improvement in the consistent mild to moderate headache he had been suffering throughout the illness, but little to no improvement in his nausea or weakness, and his ataxia remained acute.

On June 4 and 5, medical control was consulted numerous times. Dr. Jennifer Dow could not rule out HACE, but the patient's conservative ascent profile, combined with lack of response to standard HACE treatment, led to suspicion of other neurological problems, including cerebellar infarct (stroke). By June 5, the patient's condition still showed no improvement, and he remained unable to walk more than a few steps without stumbling due to his acute ataxia and extreme fatigue. At this time it was the unanimous opinion among all medical personnel consulted that the patient needed immediate neurological evaluation and hospitalization, and required evacuation from the mountain by air.

The patient was flown to Talkeetna and transferred to a LifeMed helicopter that transported him to Anchorage Providence Hospital for evaluation. He was hospitalized for several days and was eventually diagnosed as having "atypical HACE." (Source: Mark Westman, Climbing Ranger.)

Images

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