



AAC Publications

HAPE and HACE

Alaska, Denali, West Buttress

At approximately 11:30 a.m. on June 19, Ranger Joseph McBrayer's patrol at 17,200-foot camp was notified about a tent-bound climber presenting with a decreased level of responsiveness. Upon further investigation, it was discovered that the patient, a 26-year-old male of Japanese descent, had fallen ill approximately three days prior, upon arrival at high camp. According to his teammate, his condition had worsened throughout his stay at that elevation. Nevertheless, the day before the ranger patrol was contacted, the teammate had left the patient unattended in his tent while summiting Denali with another climbing party.

McBrayer and VIP Lance Taysom responded to the climber's tent and, following a complete patient assessment, determined he was likely suffering from high altitude pulmonary edema (HAPE). The patient met Denali National Park's emergency evacuation criteria, and a helicopter evacuation was requested.

The NPS contract helicopter, OAE, was already en route to the Alaska Range for work projects, and this variable made for an efficient extrication of the critically ill patient. He was flown to base camp soon after 1 p.m. and transferred to a LifeMed helicopter at 1:35 p.m., then flown to Mat-Su Regional Medical Center in Palmer, where he was expected to spend two to three additional days in the ICU, recovering from a combination of HAPE and high altitude cerebral edema (HACE). (Source: Denali National Park Case Incident Report.)

ANALYSIS

For any severe high-altitude illness, descent is the definitive treatment. These climbers should have descended within a day or two after arriving at high camp, or as soon as the patient showed signs and symptoms of serious altitude sickness. Delay only decreases the chances of self-rescue and increases the chances of medical emergency. Leaving a stricken partner in such condition to make a summit bid transgresses the very definition of partnership. (Source: The Editors.)

Images

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