



High Altitude Pulmonary Edema

Alaska, Denali, West Buttress

On June 16, a mountain guide radioed NPS mountaineering rangers from the upper West Buttress Route to say that one of his clients was exhibiting signs and symptoms of high altitude pulmonary edema (HAPE). The guided group was returning from a summit attempt when the patient began to experience significant respiratory distress. The guide had begun an appropriate medication regime for HAPE and continued descent toward high camp. Mountaineering rangers responded from the 17,200-foot camp toward Denali Pass to rendezvous with the descending group. Ranger Mik Shain and his rescue patrol volunteers assisted the patient back to his tent in camp after midnight for further assessment and treatment. Once in camp, the patient began receiving supplemental oxygen via nasal cannula, starting at 2:39 a.m., yet still deteriorated over the following hours.

Based on the patient's status, rangers Joey McBrayer, Tucker Chenoweth, and Joe Reichert initiated plans for a rescue attempt at first light. Pilot Andreas Hermansky departed Talkeetna at 4:15 a.m. in the H125 helicopter and retrieved ranger Dave Weber from 7,200-foot camp. After the patient was loaded into the helicopter at high camp, Weber assessed the patient in flight and, with minimal improvement observed during a nearly 17,000-foot descent, he requested air medical transport to definitive medical care. In Talkeetna the patient was transferred to Alaska LifeMed and flown to a local hospital.

ANALYSIS

Shortness of breath at rest is one of the hallmark signs of HAPE. Excessive fatigue can be a precursor to the onset of clinical HAPE, warning of pending patient deterioration. Such fatigue should be considered as justification to forgo a planned ascent before this form of altitude illness becomes an emergency. (Source: Denali Mountaineering Rangers.)

Images

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