



AAC Publications

Appendicitis

Alaska, Denali, West Buttress

On June 4, mountaineering ranger Dan Corn and his team assessed a 23-year-old male for stomach pain at the 14,200-foot camp. The climber and Corn decided that self-evacuation to base camp was the best course of action, given his current symptoms.

Later in the day and lower on the mountain, Corn checked in with the climber and found his condition had deteriorated. At 6,700 feet on the Kahiltna Glacier, Corn and his team did another assessment and concluded that appendicitis symptomology seemed likely. The patient was transported to the 7,200-foot base camp via toboggan due to his increased pain and difficulty walking. There, he was treated with pain medication and antibiotics at the NPS medical tent until he could be evacuated by air after sunrise the following morning.

ANALYSIS

Diagnosing a medical illness in the field can prove difficult. The best approach is a complete patient assessment, including life threats, medical history, vital signs, and targeted physical exam.

Once the patient assessment has been completed, periodic monitoring can help a rescuer track the improvement, stabilization, or decline in a patient's condition. Be conservative in your decision-making: It can be challenging to evacuate a patient from a remote location, so it is paramount to get moving toward help while the patient is still ambulatory.

In this case, while the initial assessment did not reveal any definitive illness or evacuation urgency, the ranger monitored the patient as he descended toward base camp. As the inflammation of the appendix worsened and patient's presentation exacerbated, the likely culprit and need for evacuation became more apparent. (Source: Denali Mountaineering Rangers.)

CARDIAC EMERGENCY: A 57-year-old male was evacuated from 14,200-foot camp on May 16 after presenting at the medical tent with sudden-onset chest and left shoulder pain. He was treated for acute coronary symptom with oxygen, aspirin, and morphine and evacuated by helicopter, with an automated external defibrillator (AED) on board, later that afternoon.

In such cases, the potential for further deterioration and myocardial infarction (heart attack) are too great to risk self-evacuation. If weather is not conducive to air rescue or helicopter transport is not available, care should be taken to minimize/eliminate exertion by the patient and evacuate by ground rescue. (Source: Denali Mountaineering Rangers.)

Images

ASSESSING PAIN

The OPQRST sequence of letters is a memory aid that can help to objectively record a patient's pain and similar complaint(s):

- **Onset** of the symptom, including the timing and activity of the onset
- **Provocation or palliation:** whether movement or pressure worsens or improves the symptom
- **Quality** of the symptom (e.g., sharp, dull, throbbing; intermittent or constant)
- **Radiating or referring pain**
- **Severity** on a scale of 1 to 10
- **Time** that the symptom began and how it has progressed

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