



AAC Publications

Altitude Illness (HAPE and HACE)

Alaska, Denali, West Buttress

On June 16, a 28-year-old male climber died from suspected high altitude pulmonary and cerebral edema (HAPE and HACE) at approximately 17,500 feet, while descending the West Buttress Route. Reports from his teammates revealed that he had struggled with altitude illness on previous high-altitude expeditions, including evacuations from both Aconcagua and Everest.

Despite the patient having a productive cough indicative of HAPE, the climber and his two partners departed for the summit on June 15, the ninth day of their expedition. The patient struggled to keep up and requested to remain at the Football Field, at approximately 19,500 feet, while his partners continued to the summit. His teammates reported that when they rejoined the patient, he was moving slowly and unsteadily. They began short-roping the climber below Denali Pass. The patient became non-ambulatory about 30 minutes above high camp, and his teammates secured him to an ice axe before descending to summon help. Another party on the route encountered this team and used a satellite device to initiate a rescue.

Mountaineering ranger Mark Westman, NPS volunteers, and five guides in the 17,200-foot camp responded. At the time of their callout, Westman reported, “the weather conditions were challenging, with extreme wind chill and near zero visibility.” As NPS volunteers Pat Gault and Sam Luthy, the first rescuers on the scene, began constructing anchors for a lowering operation, the patient began removing his gloves and other attire, a behavior often characteristic of hypothermia, and his mental status deteriorated toward unresponsiveness.

The rescue team completed a 120-meter lower to get the patient to the flats near 17,200-foot camp. Then, while being carried toward camp, the patient deteriorated to both respiratory and cardiac arrest. The team attempted rescue breathing interventions, which were unsuccessful at reviving the patient. After a lack of respiration, pulse, and pupil response were confirmed, and with the continued extreme weather conditions, the decision was made to discontinue care.

ANALYSIS

Rarely does severe high-altitude illness present without warning signs. Based on the reports of teammates and nearby expeditions, this climber began exhibiting signs and symptoms of altitude illness as low as 11,200-foot camp. Continuing to ascend in spite of altitude illness almost guarantees continued or worsening illness. Mild altitude illness typically can be treated by remaining at the current elevation until it resolves, while patients with severe altitude illness (HAPE and HACE) should descend immediately. (Source: Denali Mountaineering Rangers.)

THE MISLOW-SWANSON DENALI PRO AWARD: Given annually by the Talkeetna ranger staff, the Mislów-Swanson Denali Pro Award honors climbers demonstrating the highest standards of safety, self-sufficiency, Leave No Trace ethics, and assistance to fellow mountaineers. In 2017, the award went to five guides from the Alaska Mountaineering School: Wesley Bunch, Larry Holmgren, Lexie Hunsaker, Jake Kayes, and Chris Welch. These five were instrumental in the rescue attempt of a climber who succumbed to altitude illness above the 17,200-foot high camp during the early morning hours of June 16. The guides assisted ranger Mark Westman’s patrol for six hours in extremely adverse weather conditions, at altitude, and in a near zero-visibility whiteout.

Images

Article Details

Author	Denali Mountaineering Rangers
Publication	ANAM
Volume	11
Issue	71
Page	27
Copyright Date	2018
Article Type	Accident reports