Severe Altitude Illness – HAPE and HACE

Alaska, Denali, West Buttress

At 10:06 p.m. on June 1, NPS rangers were notified via Garmin inReach that a climber near the summit ridge appeared to be suffering from severe altitude illness. Other climbers in the vicinity had administered two doses of dexamethasone, a steroid used to treat HACE, in hopes the climber could continue his descent. The severity of the patient's condition made a ground rescue from 17,200-foot camp impractical.

The NPS helicopter was flown from Talkeetna just after midnight on June 2. A mountaineering ranger was picked up at 14,200-foot camp for a reconnaissance, and the climbing team of three, including the patient, was located at approximately 18,500 feet on the West Buttress Route, near Zebra Rocks. The helicopter returned to 14,200-foot camp, where a rescue basket was rigged to the short-haul line. The pilot extracted the patient and returned to 14,200-foot camp at 12:45 a.m. The patient and an NPS volunteer medic then flew to Talkeetna.

ANALYSIS

The difficulty of rescue at high altitudes should always underscore one's risk assessment and decision-making. As soon as weather, climbing conditions, or a climber's health dete-riorate high on the mountain, climbers should retreat. The likelihood of a rescue oftendiminishes with each step higher in elevation. (Source: Denali Mountaineering Rangers.)

ALTITUDE-RELATED EVACUATION AT 17,200 FEET: In addition to the altitude illness cases described above, a 47-year-old male climber was evacuated from 17,200-foot camp on May 31 with signs and symptoms of both HAPE and HACE. The team reported that they had ascended to that high camp from base camp (7,200 feet) in only four days. Agradual ascent profile is key in the prevention of all types of altitude illness.

Images

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