High Altitude Pulmonary Edema — Ascending Too Fast

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On May 29, a 25-year-old male climber was assisted to the NPS medical tent at 14,200-foot camp by his climbing partners. The team reported they had flown to 7,200-foot camp and immediately moved to 11,200-foot camp. They then spent two nights at that elevation before moving to 14,200-foot camp on May 28. This climber had become increasingly short of breath at rest and lethargic since arriving at camp. The patient also reported having taken nifedipine, a rescue medication for climbers suffering from high altitude pulmonary edema (HAPE), prophylactically during his entire expedition.

NPS personnel assessed and treated this climber for HAPE for two days, until the weather became suitable for a helicopter evacuation. Upon arrival in Talkeetna, the patient was transferred to local ambulance. Given his vast improvement upon descent to an elevation of 350 feet above sea level in town, he was able to refuse transport.

ANALYSIS

In recent seasons, Denali mountaineering rangers have observed a wide range of tactics to subvert the effects of altitude. Altitude chambers, prior acclimatization on other peaks, and medications have all been utilized to circumvent spending the requisite time on Denali. Some climbers are able to adjust to the altitude and get off the mountain quickly enough before signs and symptoms of altitude illness occur. However, more often than not, these tactics are unsuccessful. The rangers often see expeditions fail early or see patients get sick from going too high too quickly.

Prophylactic medication use is one of the more disturbing trends rangers have observed as it often enables climbers to ascend beyond their natural readiness and then suffer a rapid onset of symptoms. In addition, these same altitude illness medications are often rendered less effective when used to treat individuals who have been utilizing them prophylactically. (Source: Denali Mountaineering Rangers.)

Images

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