High Altitude Pulmonary Edema

Wyoming, Grand Teton National Park, Mt. Owen

At 5 a.m. on June 13, NPS personnel received an emergency notification from a climbing party descending the Koven Route (3,000 feet, 5.4) on Mt. Owen (12,933 feet). A 57-year-old male climber was showing signs of high altitude illness (HAI) and extreme fatigue. The climber was also hypothermic. The climbing party had started the day at 2 a.m. on June 12 and summited at 3 p.m. They had weathered a significant snowstorm while descending.

NPS climbing rangers were dispatched to rendezvous with the patient and assist him to the trailhead. The rescuers arrived at the climbing party's bivy site at Amphitheater Lake at 9:20 a.m. They spent considerable time evaluating the patient and rewarming him with dry clothing, drinks, and food. At 10:30 a.m., the patient was able to start down toward the trailhead. However, his condition continued to deteriorate and he began exhibiting signs and symptoms of high altitude pulmonary edema (HAPE). An NPS litter team was deployed, and they carried the patient the remaining 1.5 miles to the Lupine Meadows trailhead, from which he was transferred by ambulance to the hospital.

ANALYSIS

Although altitude illness is less common in the Tetons than in other North American ranges, the elevations of many peaks in Grand Teton National Park are sufficient to cause HAI. Mild to moderate HAI is often referred to as acute mountain sickness (AMS). The severe forms of HAI include high altitude cerebral edema (HACE) and HAPE. If left untreated, these illnesses can worsen and even be fatal.

The management of HAPE involves immediate descent, supplemental oxygen, and specific emergency medications (see page 11). Of these, descent is the most important. But even with these treatments, as this case illustrates, ill climbers can continue to deteriorate during evacuation. Climbers should be familiar with the signs and symptoms of HAI and react early. (Source: Grand Teton National Park Search and Rescue Report.)

Images

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