Description

a. This guideline is designed to assist the prehospital provider’s treatment of various high altitude emergencies
b. Acute exacerbations of chronic medical illness at altitude are more common than altitude illness
c. Although there are some nuances to each individual sickness the general treatment is predominantly the same and includes: maintain airway patency, consider antiemetic, descent, and if needed transport to the closest appropriate facility
   • The mainstay of treatment is descent from altitude. Even a loss of 2,000-3,000 feet makes enough difference in the O₂ content of air that symptoms may be relieved or stop progressing.
   • Oxygen administration can also relieve symptoms and may allow more time for orderly evacuation
d. Recognition of the problem is the most critical part of treating high altitude emergencies and usually is out of proportion to those being experienced by the rest of the party. Healthy individuals are at a high risk for the following;

e. Acute Mountain Sickness (AMS):
   • Is the most frequent type of altitude sickness encountered and can begin to appear at around 6,500 ft. above sea level, although most people will tolerate up to 8000 ft. without difficulty.
   • Altitude illness should NOT be suspected below 6,500 ft
   • Symptoms often manifest themselves and generally subside in one to two days, but they occasionally develop into the more serious conditions.
   • AMS is a diagnosis of exclusion; ALL other possible causes of symptoms should be evaluated
   • Symptoms include headache, insomnia, anorexia, nausea, and fatigue

f. High Altitude Cerebral Edema (HACE):
   • Is rare at elevations in Colorado; always consider alternative cause of altered mental status
   • Symptoms include ataxia, confusion; headache, neurological deficits, seizures, and coma
   • Cerebral edema may exhibit, with confusion and a stroke-like picture with focal deficits

g. High Altitude Pulmonary Edema (HAPE):
   • The most effective and reliable treatment is immediate descent and administration of supplemental oxygen as well as CPAP.
   • Symptoms include dyspnea, cough, headache, nausea, and/or fever

Initial assessment
Maintain patent airway and OXYGENATION
Acquire VS & 12-lead EKG, if clinically indicated
Rapid Descend in altitude

AMS

General supportive care
Consider antiemetic for nausea
See NAUSEA/VOMITING GUIDELINE

HACE

Monitor airway closely
Elevate the head of the bed 30°
General supportive care

HAPE

General supportive care
Consider early CPAP
• ADULT: See CPAP PROCEDURE
• PEDIATRIC: See CPAP PROCEDURE