

Patient assessments after arrival at Base Camp: Camelo Lopez—minor frostbite to toes, possible AMS, dehydrated, hypothermic and exhausted. Jan Markup—exhaustion, dehydrated. Petr Hoffman—exhaustion, dehydrated.

Analysis

This incident was the result of a lot of small mistakes compounding themselves and creating a major problem. Mistakes included adding an extra person to the team at short notice, especially a person of unknown ability; the fact that three people do not move as quickly as two; the fact that each person had only two liters of water and did not stop to make more until problems started; and perhaps most significantly, climbing very slowly (17 hours from camp to the top of the difficulties) and not making a decision to turn around.

Although it is a good idea to have the means to contact other people, in this case “Talkabout” radios, one cannot help but wonder whether this also gives parties an easy way out; that is, to call for rescue sooner than really needed or to continue in the belief that with communication they have a safety net and therefore continue when they should consider turning around. If this party had not had the means to contact the Rangers, would they have been able to get themselves to safety or would things have been made worse? A question we will never be able to answer. However, the Rangers responded (as they should) on the strength of the information (sometimes suspect) received over the radio, asking the helicopter crew to perform a risky operation at an extremely high altitude (19,000 feet), but it could easily have been a ground team at risk executing a potentially hazardous rescue. It is incumbent on all climbers to assess the possibility of self-evacuation/rescue before requesting outside assistance, especially before they even start on a climb as committing and remote as the Messner Couloir.

As a footnote, it is worth noting that the Talkeetna Ranger Station is reviewing its rescue policies. At present it is expected that if a party is rescued, they will not just be allowed to continue climbing, but rather, be returned to Talkeetna for a thorough debrief. This is both to ascertain all the facts of the case and insure the physical well being of all parties concerned. (Source: Ranger John Evans)

DENTAL-LACERATION AND BICUSPID FRACTURE

Alaska, Mount McKinley, West Buttress

On June 5th, RMI guide Brent Okita brought a 17-year-old client to the 14,200-foot medical tent to have a dental check. The prior day, the client was eating a frozen nougat bar, and bent a braces collar outwards which presently was lacerating the inside of the client’s cheek. The braces’ wires had been removed by the client’s orthodontist prior to the expedition, with the collars left in place for later removal. The cheek laceration was minor, although consistently in the same site and reopening with any mandible movement.

Then on June 6th, a climber presented with a fracture of the first bicuspid, maxillary right side. The dentin had been exposed and he was in discomfort when eating/drinking and breathing the cold air through the mouth. Cavit (temporary cement) was applied to the site with saliva as the material setting agent.

Analysis

The first case is an intriguing one, as this is not one a medic ever expects. Upon examination of the client, it was apparent the collar was bent in such a way that covering it with Cavit or wax would be of little benefit. Confirming the brace collars were to be removed in the near future, I utilized the tools available: a needle holder and a nut tool. Great care was necessary, as fracturing the enamel was a possibility. Careful manipulation eventually worked the collar into a loosened state, at which time it could be molded by the tools to curve over and off the molar. The client now has a souvenir from Denali. The cheek laceration would heal itself in time if kept rinsed and teeth brushed often. Oh, yes, don't forget to floss.

As for the second, if the fracture is completely through the tooth, or if the pulp is involved, this problem can result in a trip being ended. Cavit is a temporary material that can protect the dental tubules and smooth a fracture site. If Cavit is not available to cover a sharp edge, then a piece of emery cloth, a light file to the area, or sugarless gum will give temporary relief. In any case, an expedition would do well to keep some dental first-aid supplies in their kit. (Source: Michael W. Dong, VIP Mountaineering Ranger-Medic)

(Editor's Note: Thanks to Michael Dong for sending these forward, along with a few others. While not entered in the data as accidents, the situation is a good illustration of the need to be prepared for medical emergencies—or better yet as in this case, to avoid them by doing some preventive work.)

HACE

Alaska, Mount McKinley, West Buttress

At 1115 on June 13, Frank Brettholle (51), a member of the "Beer Run" expedition, was found unconscious by his team mates in his tent at the 17,200-foot high camp on Denali's West Buttress route. His team mates contacted Ranger Meg Perdue and volunteers who rendered medical aid and ground evacuated him to the 14,200-foot camp. After being monitored overnight there, Brettholle descended with his team to the 7,200-foot Kahiltna Base Camp on June 14. Once there, Brettholle again lapsed into unconsciousness. He was treated by Ranger Gordy Kito throughout the night and following day. Due to poor weather, Brettholle could not be evacuated until June 16, when he was taken by Air National Guard Pavehawk helicopter to Alaska Regional Hospital in Anchorage.

Analysis

This was a highly unusual case whose circumstances have not been closely paralleled by any previously known incidents on Denali. There was nothing to indicate, either in "Beer Run" expedition's acclimatization schedule or