

## **Analysis**

The National Park Service recommends a time line for ascending the West Buttress that provides most climbers adequate acclimatization. This formula prescribes 10-13 days up to the high camp at 17,200 feet. Kobashi's team moved to high camp on their twelfth day on the mountain, so were well within the average recommended time for the ascent.

Altitude illness can affect anyone, even when they have acclimated properly. Kobayashi had not reported any altitude sickness symptoms prior to their attempt on the summit. This is another case of the unpredictability of altitude related illnesses. This team had the strength and experience to assist their stricken partner and get him back to high camp safely, where they assisted NPS rangers with Kobayashi's evacuation. It is often the case, even with younger climbers, that symptoms do not resolve significantly until the patient returns to low altitude. (Source: Edited from a report by Joe Reichert, Ranger)

## **HACE**

### **Alaska, Mount McKinley, West Buttress**

On June 29 Stefan Jeronin (40), a client of Mountain Trip, collapsed below Denali Pass about 18,000 feet. He was treated on the hill for HACE symptoms and short-rope down to the 17,200-foot camp on the West Buttress, where he was further evaluated by NPS Rangers. It was determined that Jeronin could descend under his own power with short-rope assistance. Jeronin was advised to descend immediately and to be evaluated again by NPS Rangers at the 14,200-foot camp. Showing no additional signs or symptoms, Jeronin descended under his own power with his guide to the 7,200-foot basecamp, where he was flown out by fixed wing to Talkeetna.

## **Analysis**

Summit day on Mount McKinley is a difficult day, both physically and mentally, for everyone, and the extra performance one demands from the body and mind above 17,000 feet are extreme. Jeronin was physically and mentally tired and his body responded accordingly. At 17,800 feet, his condition was treated as altitude illness, and he was escorted to lower altitudes. His diagnosis was inconclusive, but the treatment remains the same at high elevation. Descend, descend, descend. (Source: Edited from a report by Tucker Chenoweth)

*(Editor's Note: While not counted as an accident, this case is presented for its valuable lesson.)*

## **SEIZURES—FAILURE TO INFORM GUIDES OF MEDICAL CONDITION**

### **Alaska, Denali National Park, Mount McKinley, West Buttress**

A Rainier Mountaineering, Inc. guided party led by Dave Hahn flew to

the Kahiltna on June 28 for a climb of Mount McKinley. The nine clients and three guides departed basecamp at 0400 on the June 30. Within a half hour after departing, it began to rain, so the party stopped and set up camp near the bottom of Heart Break Hill on the Kahiltna Glacier. The glacier did not freeze up, but by late morning the weather had improved slightly and several parties were observed traveling back to basecamp. At 1450, RMI departed again traveling for an hour at a time then taking rest breaks. While half way to the 7,800-foot camp and during the second rest break at 1745, client Slayden Douthitt (61) collapsed while taking a sip of water and began exhibiting a series of seizures. Hahn went to his aid and Douthitt slowly came around after three or four minutes. Afterwards, Douthitt felt extremely cold, so he was placed in his sleeping bag within a tent. There were three physicians as clients, one of whom, Dr. Maria Statton, became the primary care giver.

Hahn attempted to reach basecamp with his FRS radio and was picked up by Ranger John Loomis at the 14,200-foot camp at 1755. At 1800, Ranger Joe Reichert at the Talkeetna Ranger Station was notified that Douthitt was unconscious and seizing. Reichert was the IC of another incident, which was in progress.

A medical evacuation with attendants was determined to be essential, so at 1810, Reichert called the Rescue Coordination Center. RCC felt they could launch right away and asked for the coordinates and more information on the patient. At 1815, the patient was reported as AOx4, headache (pain of 7.5 out of 10), pulse 120 with respirations of 16. Due to a change in flight crews, the Guard helicopter was delayed at departing and arrived on scene at 2040. Douthitt experienced no further seizures and was transported straight to Providence Hospital in Anchorage.

### **Analysis**

Douthitt was diagnosed by the hospital with intestinal flu and severe dehydration. Douthitt stated that he was “a little achy” in Talkeetna and once he arrived at the basecamp, he felt feverish and was experiencing diarrhea as he began moving on the 30th. Due to the rain, he was wearing his full gortex as they traveled and stated he was “really, really hot” before he collapsed. He was also wet from rain and sweat and mentioned he had difficulty working the zip ventilation on his suit.

If Douthitt had told his guides of his worsening health condition, this evacuation may have been prevented. (Source: Edited from a report by Roger Robinson, Ranger)

*(Editor's Note: Clients will often choose not to disclose a medical situation because of their fear of being excluded from the trip and their belief—fantasy—that they will improve once they get started. Experienced climbers are capable of arriving at the last conclusion as well.)*