

ALTITUDE ILLNESS, EXHAUSTION, CLIMBING ALONE – SEPARATED FROM PARTY

Alaska, Mount McKinley, Denali Pass

On June 6 at 2000, Park Ranger Tucker Chenoweth was descending from 19,500 feet with four volunteers when they observed solo climber Zeljko Dulic (27), of the Expedition Serbia Denali, who appeared to be suffering from an altitude-related illness. Based on a rapid physical exam, Chenoweth decided to have Dulic evacuated.

At 2021 another solo climber, Sho Tamagawa (22) of the Meiji University Expedition 2011, stumbled and fell due to altitude and exhaustion near the location of Dulic. Tucker and his team performed a rapid physical assessment on Tamagawa and the decision was made that he needed to be evacuated as well. Between 2021 and 2043, the two climbers were individually short-hauled in a Screamer Suit using the NPS contract helicopter down to the 14,200-foot camp, loaded internally and transferred to awaiting LifeMed ships at Base Camp. Zeljko Dulic refused further care after being transferred to Life Med.

At 2137, it was reported that another solo climber of the Meiji University Expedition 2011, Masaaki Kobayasi (20) was lying down at 18,700 feet, apparently suffering from altitude illness. After descending to the location and performing a rapid physical exam of the third climber, Chenoweth requested a separate short-haul mission to evacuate this patient, which was done. Chenoweth and his volunteers descended to 17,000 feet without further incident.

Analysis

All of the climbers involved in the rescue were members of larger expeditions. At some point they all separated from their teams and attempted to solo climb the upper mountain. Poor decision-making, altitude sickness, and exhaustion are contributing factors to all three of these incidents. The luck of having the helicopter at Base Camp, ready for short haul as well as having Ranger Chenoweth high on the mountain possibly saved the lives of some of the individuals. (Source: Tucker Chenoweth, Mountaineering Ranger)

ILLNESS – CARDIAC DIFFICULTIES

Alaska, Mount McKinley, West Buttress

On June 7 at 0836, an NPS mountaineering patrol enroute to the high camps encountered a 58 year-old male climber at approximately 7,000 feet on the Kahiltna Glacier experiencing significant chest pain and labored breathing. The patient reported a history of cardiac problems, including a prior heart attack two years ago. The patient denied the current problem was a heart attack, and after an initial examination by NPS medics, declined their recommendation for immediate helicopter evacuation. However, the patient's symptoms and vital signs were consistent with an active cardiac emergency, one which NPS medics

felt required immediate, advanced medical intervention. In addition, rapidly deteriorating weather conditions indicated that the window of opportunity for air evacuation was soon to close. The rangers reiterated to the patient their recommendations and concerns, emphasizing the importance of early treatment for potential cardiac emergencies, combined with the threat of incoming weather that could possibly keep the patient on the glacier for several days. The patient consented to evacuation by helicopter and at 1002 was evacuated from the site by a LifeMed B-3 air ambulance helicopter. The patient was transported to Mat-Su Regional Medical Center where he was admitted to the facility's Intensive Care Unit for cardiac evaluation and treatment. (Source: Mark Westman, Mountaineering Ranger)

CARDIAC ARREST

Alaska, Mount McKinley, West Buttress

On June 10, Brian Young (52) went into sudden cardiac arrest in his tent at high camp after having climbed to the summit of Denali earlier that day. The team that he was climbing with reported that during their summit climb, he suffered from altitude illness and was affected to the point of vomiting several times, stumbling, and losing his footing while descending to high camp. Upon his arrival at high camp, his climbing companions suggested that he check in with NPS rangers at high camp, but Young stated that he felt fine and would prefer to take a nap. He entered the tent, which was occupied by two other climbers, and they reported him falling asleep quickly and immediately exhibiting Cheyne-Stokes breathing. Shortly thereafter, they did not hear any breathing sounds coming from his sleeping bag. They opened his bag to find him unresponsive and not breathing. His tent mates notified NPS rangers who initiated CPR, which was terminated after 30 minutes due to no signs of a pulse. After conferring with the NPS medical director, Brian Young was pronounced dead at 1100. Poor weather delayed recovery of his body until June 16.

Analysis

Although it's difficult to predict who might develop an emergency cardiac condition while climbing at high altitude, it stands to reason that individuals with a history of cardiac issues can be considered at higher risk.

According to interviews with family members, Brian Young had no history of cardiac issues; however, he was reported to have lost 30 pounds in the four to six weeks leading up to the start of his climb. Common side effects of rapid weight loss are changes in blood sugar level, changes in blood pressure, electrolyte imbalance, and a higher risk of heart arrhythmias. Brian Young was described by all those who climbed with him on Mount McKinley as strong and healthy, with the exception of those who climbed with him above 17,200 feet. On his summit climb, Young was reported as having bouts of ataxia and vomited several times. Despite suggestions from his summit partners, Young did not feel like he had any reason to seek medical assistance once he was back at the 17,200-foot camp.