

CATEGORIZATION OF HYPOTHERMIA VICTIMS

- Hypothermia should be divided into mild and severe forms; no need exists for a moderate category.
- The basis for distinguishing the two categories is the victim's ability to rewarm himself.
- In the absence of other injuries or illnesses, an individual's level of consciousness is a reliable indicator of the severity of hypothermia.

CARDIOPULMONARY RESUSCITATION (CPR)

- Individuals with a detectable heart beat, no matter how slow, should not receive **CPR or assisted ventilation**.
- Three minutes or longer, should be spent trying to detect a carotid pulse before assuming a hypothermia victim has no effective cardiac activity.
- CPR should be initiated in the field only by a team of experienced individuals in a safe, protected environment.
- CPR should be given at one-half the usual rate to hypothermia victims.
- CPR should be instituted immediately following a witnessed cardiac arrest.
- The initiation of CPR usually should be postponed if the victims can be transported to a hospital in minutes.
- CPR should not be initiated for hypothermia victims considered unsuitable for resuscitation due to extremely low body temperature, associated severe illness or injuries, a noncompressible chest, prolonged cardiac inactivity, or drowning with more than one hour of witnessed submersion.

PRECAUTIONS DURING TRANSPORT

- Even minor bumps or jolts can precipitate ventricular fibrillation.
- The unavoidable jolts encountered in any form of rescue transportation except helicopter inevitably produce ventricular fibrillation and almost none of these individuals survive.
- If the victim is breathing, oxygen administration at a generous flow rate prior to transport may reduce the risk of fibrillation.

Also as a result of this accident - at least in part - the Portland Chapter of the International Television Association in cooperation with Portland Mountain Rescue produced an instructional video, *Land of One Season: The Basics of Mountain Safety*. It was available from Trade Northwest, Inc., 8259 SW Cirrus Drive, Beaverton, OR 97005 (1-800-828-9816)

Conclusions from the 1986 Mt. Hood Accident:

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<http://Bill.Person.org/PDF/MtHood.pdf>

<http://Bill.Person.org/MtHood.doc>

(from 1998 Tri-Advisory Meeting)

http://Bill.Person.org/aval_emer_care.ppt