

## APPENDIX C: ALTITUDE EMERGENCIES DOCUMENTATION

JTS Altitude Emergencies Documentation Form	
Acute Mountain Sickness (AMS)	
Does the patient exhibit symptoms of Acute Mountain Sickness (AMS)? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>AMS Diagnostic Criteria</b> at altitude (2500M or higher)  <b>Headache</b> plus at least one of these: <input type="checkbox"/> Weakness/lightheadedness <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Anorexia <input type="checkbox"/> Fatigue	<b>Treatment(s)</b> 1. Arrest of ascent if mild symptoms or urgent descent if more severe symptoms of AMS are noted <input type="checkbox"/> Y <input type="checkbox"/> N 2. SpO <sub>2</sub> >90% <input type="checkbox"/> a. SpO <sub>2</sub> <90%, oxygen supplementation provided (NC @ L) <input type="checkbox"/> b. Hyperbaric chamber utilized for severe HAI 3. Acetazolamide <input type="checkbox"/> a. Adults: 250 mg orally every 12 hours <input type="checkbox"/> b. Pediatrics: 2.5 mg/kg orally every 12 hours (max 250mg/dose). 4. Supplemental Dexamethasone (if severe AMS is present): <input type="checkbox"/> a. 4mg every 6 hours until asymptomatic. NO ascent until 48 hours after last dexamethasone dose.
High Altitude Cerebral Edema (HACE)	
Does the patient have signs and symptoms of High Altitude Cerebral Edema (HACE)? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Diagnostic Criteria for HACE</b>  <b>Presence of AMS</b> and development of one of these: <input type="checkbox"/> Ataxia <input type="checkbox"/> Altered mental status OR <input type="checkbox"/> No pre-existing AMS <input type="checkbox"/> The onset of ataxia and altered mental status	<b>Treatment(s)</b> 1. Immediate Descent <input type="checkbox"/> Y <input type="checkbox"/> N 2. SpO <sub>2</sub> >90% <input type="checkbox"/> a. SpO <sub>2</sub> <90%, oxygen supplementation provided (NC @ L) <input type="checkbox"/> b. Hyperbaric chamber 3. Acetazolamide <input type="checkbox"/> a. Adults: 250 mg orally every 12 hours <input type="checkbox"/> b. Pediatrics: 2.5 mg/kg orally every 12 hours (max 250mg/dose). 4. Dexamethasone <input type="checkbox"/> a. 8mg IM/IV/orally followed by 4mg every 6 hours until asymptomatic
High Altitude Pulmonary Edema (HAPE)	
Does the patient have symptoms of High Altitude Pulmonary Edema (HAPE)? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Diagnostic Criteria for HAPE</b> <b>2 Signs from:</b> <input type="checkbox"/> Tachycardia <input type="checkbox"/> Tachypnea <input type="checkbox"/> Crackles or wheezing in at least 1 lung field <input type="checkbox"/> Central Cyanosis  <b>2 Signs from:</b> <input type="checkbox"/> Dyspnea at rest <input type="checkbox"/> Cough <input type="checkbox"/> Decreased exercise tolerance or weakness <input type="checkbox"/> Chest tightness or congestion	<b>Treatment(s)</b> 1. Immediate Descent <input type="checkbox"/> Y <input type="checkbox"/> N 2. Oxygen Saturation SpO <sub>2</sub> >90% <input type="checkbox"/> a. SpO <sub>2</sub> <90%, oxygen supplementation provided (NC @ L) <input type="checkbox"/> b. Hyperbaric chamber 3. In cases when evacuation to lower altitude is prolonged or unavailable <input type="checkbox"/> a. Nifedipine extended-release formulation: 30mg orally every 12 hours OR <input type="checkbox"/> b. Nifedipine immediate-release formulation: 20mg orally every 8 hours 3. In cases where the patient is not a candidate for nifedipine, treat with tadalafil or sildenafil <input type="checkbox"/> a. Tadalafil 10mg orally every 12 hours OR <input type="checkbox"/> b. Sildenafil 50mg orally every 8 hours
Rapid Ascent Protocol	
<b>Rapid Ascent Protocol for unacclimatized</b> 1. Rapid ascent to 2500M or 3500M in less than 24 hours <input type="checkbox"/> 125 mg PO BID of acetazolamide started at least 8 hours prior to ascent? 2. Rapid ascent to 3500M or higher <input type="checkbox"/> Prophylaxis with dexamethasone 4mg q6h and acetazolamide 125mg PO BID started 24 hours prior to ascent.	
TREATMENT TEAM INFORMATION	
Facility/Loc _____ Unit _____	RN/Modic Name _____ Signature _____ Date _____ Team Type _____ Split Team? <input type="checkbox"/> Y <input type="checkbox"/> N Provider Name _____ Signature _____ Date _____
PATIENT INFORMATION	
Patient Last Name _____ First Name _____ MI _____ Rank _____ Patient ID _____ DOB _____ Age _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F MOS/AFSC/NEC _____ Patient Deployed Unit _____	