

5030 HIGH ALTITUDE ILLNESS



Acute mountain sickness (AMS): headache, insomnia, anorexia, nausea, fatigue

High-altitude pulmonary edema (HAPE): dyspnea, cough, headache, nausea, fever

High-altitude cerebral edema (HACE): ataxia, confusion, neuro deficits, seizure, coma, and headache

Symptoms of illness at altitude.

- ABCs
- [Oxygen](#)
- Cardiac monitor

IV

Head to toe assessment

- Complete history including:
 - Rate of ascent
 - Prior altitude illness
 - Rapidity of symptom onset
 - **Home elevation**
- Consider non-altitude-related illness

- Never assume that symptoms at altitude are necessary due to altitude illness.
- Acute exacerbations of chronic medical illness at altitude are more common than altitude illness.

AMS

HAPE

HACE

Ref. [Ondansetron](#) PO

Ref. [Ondansetron](#) IV

Ref. [Promethazine](#)
Or
[Metoclopramide](#) IV

- O₂ 15 LPM
- Assist ventilations as needed
- Airway management as indicated

Ref. [CPAP](#)

- Descent from altitude
- [Oxygen](#)
- Assist ventilations as needed
- Airway management as indicated
- Elevate head of bed

If signs of poor perfusion AND/OR hypotension for age, see [Medical Shock](#) protocol and begin fluid resuscitation

Special Notes:

- There are no specific factors that accurately predict susceptibility to altitude sickness, but symptoms are worsened by exertion, dehydration, and alcohol ingestion.
- Acute Mountain Sickness (AMS) can begin to appear at around 6,500 ft above sea level, although most people will tolerate up to 8000 ft without difficulty. Altitude illness should not be suspected below 6,500 ft. AMS is the most frequent type of altitude sickness encountered. Symptoms often manifest themselves six to ten hours after ascent and generally subside in one to two days, but they occasionally develop into the more serious conditions.
- High altitude pulmonary edema (HAPE) and cerebral edema (HACE) are the most severe forms of high altitude illness. The rate of ascent, altitude attained, exertion, and individual susceptibility are contributing factors to the onset and severity of high-altitude illness
- Mild HAPE may be managed with high-flow oxygen and supportive care, and does not necessarily require descent from altitude.
- More severe forms of HAPE and all forms of HACE require descent