

Spring 2011

Scenario 1:

The Story

On the third day of a four day trip crossing an alpine pass in cold wet southerly storm.

An instructor plus 8 x 18-20year old students – the group knew each other well and had been together for a few months.

The group arrive at a small hut, right at the bushline - students begin to dry off and get organised to cook dinner.

One female student lies down in the foetal position with severe abdominal pain....she is normally a robust girl who an hour before was carrying other students packs across the pass.

After a few minutes the severe pain passed though she was still really uncomfortable.

This continued, every few minutes a wave of severe pain would spread over her, she was almost convulsing in pain, and after it passed she would 'faint ' or lose consciousness for a bout thirty seconds.

It was dark, raining and a cold southerly was blowing - a mountain radio was set up but poor atmospheric conditions meant that no contact was made with base. The hut/ camp was four hours from any road end.

What would you do? What are your main concerns?

What actually happened next.....

The student was kept warm and reassured during the night – the waves of severe pain and 'convulsions' continued until about midnight when the pain lessened enough for her to fall into a restless sleep. Other students slept on the same bunk with her all night, comforting and keeping her warm.

At dawn the radio was moved to above the bushline, the aerial realigned and contact made directly to St Johns Ambulance Comms centre. [Click here](#) to link to the actual podcast of the call to St Johns.

The southerly weather meant an awkward flight in low cloud for the helicopter and it arrived a little over an hour after the initial call for help was made.

The patient was awake and the pain had subsided to about 2/10, she was exhausted and weak.

The paramedics assessed her vital signs and she was escorted on foot for about five minutes to the waiting helicopter and evacuated.

What was actually wrong.....

The patient was assessed at the Emergency Department and released later that day...

This patient had an ovarian cyst that caused considerable pain as an egg passed through her ovaries at this time of her cycle.

She had a history of cysts and this had been controlled for a number of years by a contraceptive pill. In recent months the pill had not been as effective at controlling the problem. She was given a new medication to manage the problem in the longer term.

Key learning:

1. Follow up medical information and incidents:

This patient had had a similar episode a month prior to the tramp which had resulted in a visit to the emergency department. The information from this incident was not followed up well - meaning she had another, more severe incident in a remote area- putting her and possibly others at risk.

2. Vital signs and patient monitoring:

It is important to record and take vital signs while looking after a patient- this is sometimes difficult to remember to start doing when you are trying to manage the entire situation. The paramedics mentioned that this patient was showing signs of hypovolaemic shock.

It is important to monitor and look after the airway of a patient who is fainting or losing consciousness - this patient was on her side, in the recovery position all night with someone with her.

3. Calling for help.

When you get patched through to St Johns it is good to be able to give them accurate information. Make thorough notes on your observations and monitor vital signs. It feels like the problem is taken from your hands. In this case St Johns made the decision to evacuate the patient. The helicopter can often get to you quite quickly and the paramedics trained to manage the patient. You can then focus on getting the rest of the group out of the hills.

Scenario 2:

The Story

A 60 year old male was jet boating with family near the confluence of the Hopkins and Dobson Rivers. The boat hit a bank at speed and he was struck below the rib cage by the dash board. It's approximately 2pm on a Monday.

The man chose not to seek medical attention and returned to his campsite at Lake Ohau for the evening.

What are your main concerns?

What might you find when completing a Head to Toe examination during your secondary survey?

Secondary Survey

You could find the following:

- Pain about the abdomen
- "Guarding" by the abdominal muscles
- Increased pain on palpation
- Bruising

Signs of Shock

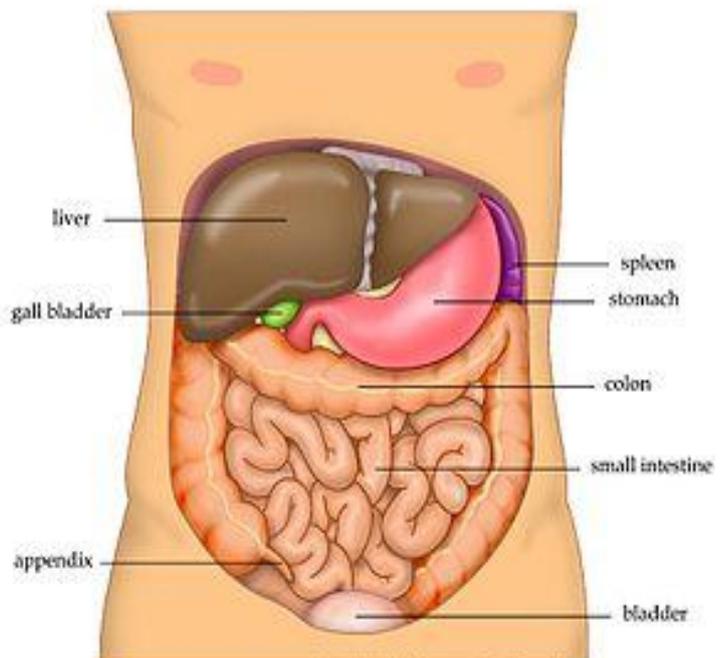
- A rapid, weak, thready pulse
- Cool, clammy, pale skin
- Thirst and dry mouth
- Anxiety, restlessness, altered mental state
- Distracted look in the eyes or staring into space
- Rapid and shallow respirations
- Hypothermia
- Cold and mottled skin
- Fatigue

What happened?

Sadly, the man died in his sleep at approximately 5am the following morning. This is most likely due to a ruptured spleen or liver from the impact of the crash.

What are some other environments/activities where a similar accident could happen? What would you do?

See below for the newspaper article.



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Death came 12 hours after crash

BY DEBBIE PORTEOUS

FORMER All Black and Mosgiel dentist Paul Sapsford died from internal injuries 12 hours after a jet-boating accident near Lake Ohau, police say.

Mr Sapsford's death has been referred to the Christchurch coroner.

Senior Constable Les Andrew, of Twizel, was reported as saying Mr Sapsford (60) was jet-boating near the convergence of the Hopkins and Dobson rivers with his son-in-law, when the boat hit a bank, stopping abruptly.

Mr Sapsford was struck below the ribcage, but did not seek medical attention for his injuries, Snr Const Andrew said.

"The family said he should have gone to the doctor, but he chose not to."

The accident happened about 2pm on Monday.

Mr Sapsford, who was camping with his family at Lake Ohau over the Christmas period, died of internal bleeding about 5am the following day. An autopsy has been done.

Mr Sapsford, a prop who played seven games for the All Blacks on the 1976 tour to Argentina, also played for New Zealand Universities from 1973 to 1976.

He played 86 games for Otago from 1973 to 1982.

Otago Rugby Football Union president John Hunter told the *Otago Daily Times* Mr Sapsford was "a delightful character".

A funeral for Mr Sapsford will be held at Campbell and Sons Chapel in Mosgiel at 1pm on Tuesday.