Exercise-Associated Hyponatremia
To Bubble or Not to Bubble: Rebreather Diving
Growing Older in the Wild
Heatstroke on Mount Olympus

Steve Achelis

photo courtesy of Steve Achelis

I worked out with weights this morning for the first time in a month. With my scrawny muscles exhausted, I headed to the indoor climbing gym with my daughter. My pager sounded as we were untwining from our last climb. I’ve been on the team for two years and this will be my eighty-eighth callout.

This is a callout for S&R on a heatstroke victim at Mount Olympus Trail Head..5600 S Wasatch Blvd..respond on Code One Frequency. case#6501..06/07/03.

Mount Olympus in summer is a textbook setting for heat-related illness. The main trail faces due west, into the hot afternoon sun. And it’s steep, rising from the valley, at 4,600 feet, to the summit, at 9,026 feet, over a relatively short 3.5 miles.

“Mount O” is a tempting hike. Rising like a steep volcano, this monolithic feature is visible from just about anywhere in the Salt Lake Valley. The trailhead is impossible to miss—in fact, for many urban dwellers it may be the only trailhead they see.

The high today is expected to be near ninety degrees. On days like this, you simply cannot carry enough water up the mountain. The twelve-ounce bottle clased in a hiker’s hand is nothing in this hot, dry desert air.

My pager reports that the patient is suffering from heatstroke—something very different from heat exhaustion, although people tend to intermix the terms. Heatstroke is serious, a true medical emergency in which the body’s ability to dissipate heat is overwhelmed. As a result, the core temperature rises rapidly to the point where tissue is destroyed and survival is in question. Although this call is reported as heatstroke, the situation doesn’t really justify using a helicopter. Also, with no landing zone nearby, it would have to be a helicopter with a hoist. [In the United States, short-hauling and winching from helicopters is infrequent and is primarily limited to military-assisted rescues and missions within national parks. In fact, Utah-based Life Flight is the only civilian air ambulance service in the United States certified to hoist patients with a winch.]

A ground evacuation will be tricky, though, because the Mount O trail is too narrow to have rescuers on either side of the litter and the trail is steep enough that the litter will have to be belayed by ropes the whole way down.

Although a fit hiker can get to this location in under an hour, taking a patient down the trail will be slow going, probably taking four or more hours.

My partner Andy Peterson takes over the medical care as I work on a transportation plan. Since this looks more like heat exhaustion than heatstroke, the situation doesn’t really justify using a helicopter. Also, with no landing zone nearby, it would have to be a helicopter with a hoist. [In the United States, short-hauling and winching from helicopters is infrequent and is primarily limited to military-assisted rescues and missions within national parks. In fact, Utah-based Life Flight is the only civilian air ambulance service in the United States certified to hoist patients with a winch.]

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Andy comes back to me and says, “Steve, we’ve got to hoist her.” I remind him that this mission doesn’t meet our criteria of a life-or-limb threat. Gesturing toward our patient, lying in the dirt some twenty feet away and dry-heaving, Andy brings up the challenge of protecting her airway and making sure she doesn’t aspirate vomit. Maybe I’m looking for a way to justify it, but aspirating vomit is a life threat. And having the team available for another call—a fifty-fifty chance on a Saturday in June—may save somebody else. Bring in the helicopter.

Three of the rescuers on this call are newbies, and several others have been on the team for about a year. This is a good opportunity to remind them about helicopter safety and to emphasize our protocols. To make my point, I tell the group, “Let’s have only two rescuers in the crash zone when the paramedic is lowered.” Then I send two of the newer members up and down the trail to make sure that “no public gets in the crash zone.”
I realize that “crash zone” is a bit melodramatic, but instilling a little fear of helicopters now might save their lives someday.

With the trail blocked above and below our patient, paramedic Brian Allred is lowered from the hovering chopper to the trail. After his quick assessment, we package the patient in the vacuum splint and the ship hoists her into the sky. She’s in the air, and I am feeling good. The helicopter was the right call—a little borderline, perhaps, on whether she met our risk criteria for a hoist, but I think it was a good decision. I put the two-piece litter on my back and, despite the earlier workout, decide to jog down the trail. At least, I think of it as jogging, but with the weight on my back and not wanting to accelerate the wear on my aging backcountry knees, I do an old man’s jog, making sure one foot doesn’t leave the ground until the other has touched.

On the radio, I tell the incident commander that the patient is “inbound to the command post.”

Now, part of sounding professional on the radio is to sound a little bit bored. Emotion is amplified by radios, and the calmest voices sound the most professional. Knowing this, I’m surprised to hear Sgt. Thad Moore’s voice on the radio, sounding anything but cool or bored: “Life Flight crashed! Life Flight crashed! Life Flight crashed!”

We are on the mountain, with mountain rescue gear, and our rescue helicopter has crashed.

Brian, the paramedic we just handed our patient to, is now a patient himself—if he’s alive. I wonder if Ashlee was still on the hoist when the ship crashed. It was my decision to hoist her. Over the coming weeks, I will have feelings of doubt about whether I made the right call.

I see a huge dust cloud come up from a ridge less than a mile from me. It looks like a cloud of smoke, but it’s brown—dirt. The cloud rises several hundred feet and hangs in the air.

I consider taking the direct, over-hill-and-dale route to the crash site, but I don’t want to get bogged down bushwhacking, so I decide to head down the mountain to the road, taking the normally forbidden shortcuts between switchbacks.

Now I’m running fast, no longer concerned about my knees or the litter on my back. When I reach the parking lot twenty minutes later, I put a Kojak light on the roof of my truck and barrel down the road.

As I reach the crash site, which is only a hundred feet uphill from the road. Fire suppression foam covers the ground. Paris and his crew are carrying Brian on a stretcher. He has almost every extremity splinted and wrapped in bandages. They carry him to the Airmed helicopter while the flight nurse is taken to a ground ambulance. I’m relieved to learn that Ashlee was transferred to a ground ambulance before the ship crashed.

Looking at the crumpled ship, I can see that the pilot, Brent Cowley, is dead. Aw, shit! Brent has done countless missions for Utah’s search and rescue teams and has saved a lot of lives. It doesn’t seem possible—or the least bit fair—that a guy who has rescued so many should die in the process.

I walk up to the helicopter and look at its twisted rotor. It is made from beer-can-thin metal that I can almost dent with my fingers. The cockpit has broken completely away and is facing the rear of the craft. The wreck is sitting in the middle of a horse corral at the base of the mountain. There is agreement that Brent managed to put the crashing bird here and, quite likely, save Brian and Denise.

[A follow-up investigation will determine that the helicopter crashed due to a mechanical failure.]