

EMERGENCY PREPAREDNESS AND LEADERSHIP

WALT SHIELDS

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*AN OLDER AGE GROUP IN A
HOSTILE ENVIRONMENT*

MOST COMMON EMERGENCIES AMONG SBHC HIKERS

- INJURIES RELATED TO FALLS
- FATIGUE AND/OR HEAT EXHAUSTION
- ALTERED MENTAL STATUS (UMBLES)

INJURIES RELATED TO FALLS

- BRUISES AND HEMATOMAS
 - SUPERFICIAL ABRASIONS (ROAD RASH)
 - LACERATIONS
 - PUNCTURE WOUNDS
 - SPRAINS AND FRACTURES
 - DISLOCATIONS
-

SOME IMPORTANT DEFINITIONS

CLOSED WOUNDS

HEMATOMA - A solid swelling of clotted blood within soft tissues.

OPEN WOUNDS

SUPERFICIAL ABRASION - A wound caused by surface damage to the skin no deeper than the superficial layer.. Less severe than a laceration which goes through the skin.

LACERATION – Irregular tear-like wound through the skin caused by blunt trauma. They may be linear or irregular. May bleed profusely.

PUNCTURE WOUND – A wound through the skin into deeper layers caused by a needle like object such as a nail, needle or thorn.

GENERAL PRINCIPLES OF CLOSED WOUND TREATMENT WITH HEMATOMA

WRAP SECURELY WITH A COMPRESSION BANDAGE IF POSSIBLE AND WALK OUT. CHECK PULSE AND AVOID CUTTING OFF CIRCULATION

ASK IF THE HIKER IS TAKING A BLOOD THINNER INCLUDING ASPIRIN

TREAT WITH "RICE" PROTOCOL AT HOME

- REST
- ICE
- COMPRESSION AND ELEVATION

MAY NEED TO SEEK MEDICAL CARE IF:

- HEMATOMA CONTINUING TO EXPAND (ESPECIALLY IF ON ANTICOAGULANT)
 - IF THERE IS POSSIBLE HEMORRHAGE OR SWELLING INTO A JOINT.
-

GENERAL PRINCIPLES OF OPEN WOUND TREATMENT

ABRASIONS, LACERATIONS, PUNCTURES

- SIT HIKER DOWN
 - GLOVE UP
 - IRRIGATE WOUND WITH WATER
 - APPLY DIRECT PRESSURE WITH GAUZE
 - ADD MORE GAUZE ON TOP IF NEEDED
 - ASK IF HIKER IS TAKING BLOOD THINNERS INCLUDING ASPIRIN
 - WRAP WITH ELASTIC BANDAGE
 - REMOVE AND DISPOSE OF GLOVES PROPERLY
 - IF BLEEDING PERSISTS LONGER THAN 10 MINUTES USE HEMOSTATIC PAD
-

SPECIAL CONSIDERATIONS

LACERATIONS

- IF WOUND IS DEEP OR GAPING PACK WITH MOIST GAUZE
- NO NEED TO CLOSE WOUND. INFECTION ACTUALLY DECREASED WITH DELAYED CLOSURE
- REFER FOR FOLLOW UP CARE

PUNCTURE WOUNDS

- HIGHER RISK OF INFECTION WITH BITES, BARBED WIRE, ETC
 - REFER FOR TETANUS BOOSTER, POSSIBLE ANTIBIOTICS
-

KEY POINTS REGARDING WOUND CARE

- SEAT HIKER WHILE TREATING.
- REASSURE AND PROCEED SLOWLY
- REMEMBER – EVERY INJURY HAS A PHYSICAL AND AN EMOTIONAL COMPONENT. TREAT BOTH!

FRACTURES AND SPRAINS

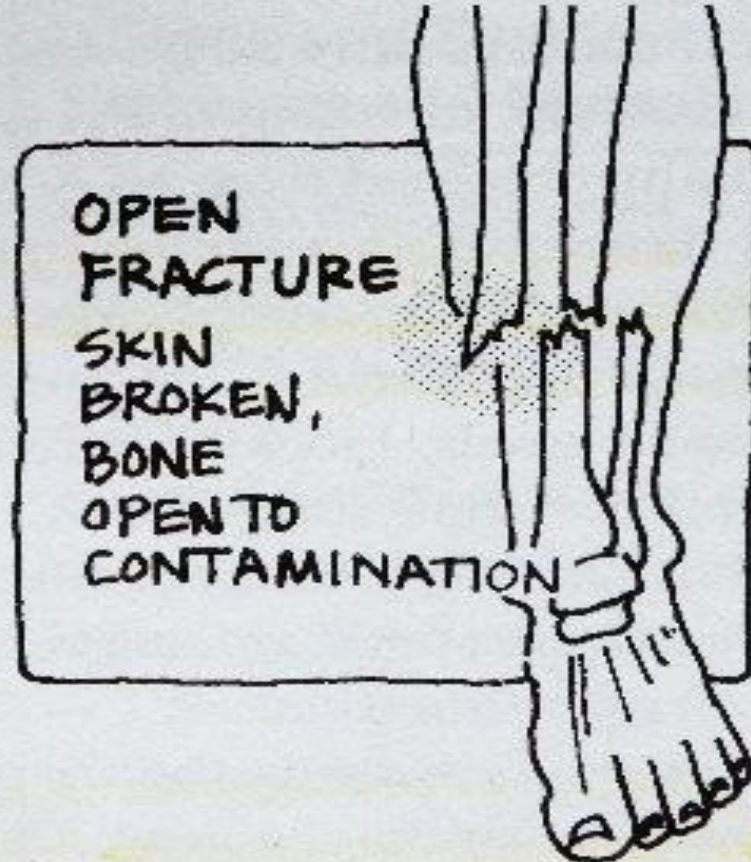
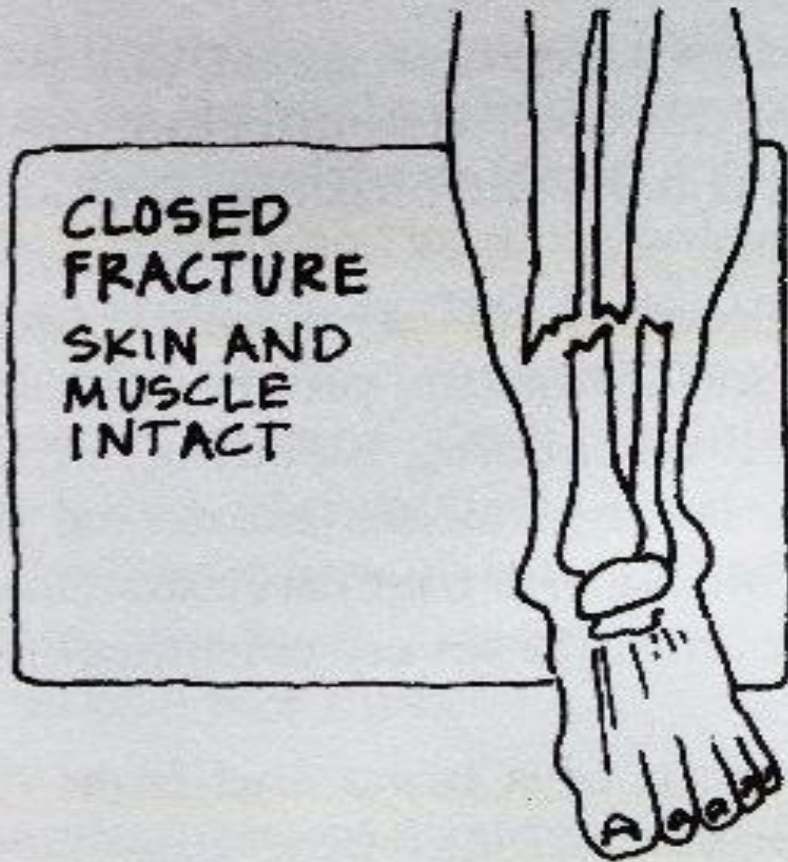
- DEFINITIONS
 - SPRAIN – STRETCHING OR TEARING OF LIGAMENTS
 - FRACTURES – BROKEN BONE
 - UNDISPLACED (CRACK)
 - DISPLACED OR ANGULATED
 - OPEN FRACTURE – FRACTURE WITH LACERATION OF OVERLYING SOFT TISSUES EXPOSING BONE (ALSO CALLED A COMPOUND FRACTURE)

FRACTURES AND SPRAINS

DIAGNOSIS

- SPRAINS AND UNDISPLACED FRACTURES – CAN YOU TELL THE DIFFERENCE? PROBABLY NOT
- DEFORMITY, ANGULATION – FRACTURE VERY LIKELY
- BONE PROTRUDING THROUGH THE SKIN OR VISIBLE IN WOUND – OPEN FRACTURE
- **TREATMENT IS THE SAME! WRAP OR SPLINT**

CLOSED VS. OPEN FRACTURE



UPPER EXTREMITY INJURIES

- WRIST
- ELBOW
- SHOULDER

UPPER EXTREMITY SPRAIN OR FRACTURE

- SIT HIKER DOWN
 - ASSESS FOR OTHER INJURIES
 - REMOVE WATCH, JEWELRY AND TIGHT CLOTHING
 - CLEAN AND DRESS ANY WOUNDS
 - IMMOBILIZE AND PAD THE INJURED UPPER EXTREMITY
 - USE SAM SPLINT, ACE WRAP AND PLACE IN A SLING
 - FREQUENT CHECKS OF WRAP TIGHTNESS, FINGER SENSATION AND PULSE
 - MOST OFTEN CAN HIKE TO TRAILHEAD
-

SAM SUGAR TONG SPLINT



PLACE ARM IN A SLING



LOWER EXTREMITY SPRAIN OR FRACTURE

SPRAINS / UNDISPLACED FRACTURES OF ANKLE

IF HIKER CAN STAND, PLACE WEIGHT AND WALK ON THE INJURED LEG MAY ACE WRAP THE AFFECTED AREA AND WALK OUT. OTHERWISE SPLINT ANKLE WITH FIGURE 8 SAM SPLINT AND ACE WRAP. HIKER CAN WALK OUT WITH POLES AND ASSISTANCE

FOR SUSPECTED LEG FRACTURE, IMMOBILIZE ENTIRE LEG WITH SAM SPLINT PADDED WITH CLOTHING AND WRAPPED WITH ELASTIC BANDAGE. EVACUATION REQUIRED

WHY SPLINT?

- DECREASE MOTION TO REDUCE CHANCE OF GREATER INJURY
- DECREASE PAIN AND DECREASE HEMORRHAGE

DECISION (THIS IS A JUDGMENT CALL!)

- WALK OUT WITH POLES AND ASSISTANCE
 - EVACUATE IF IN DOUBT
-

SPLINTING THE ANKLE WITH A SAM SPLINT



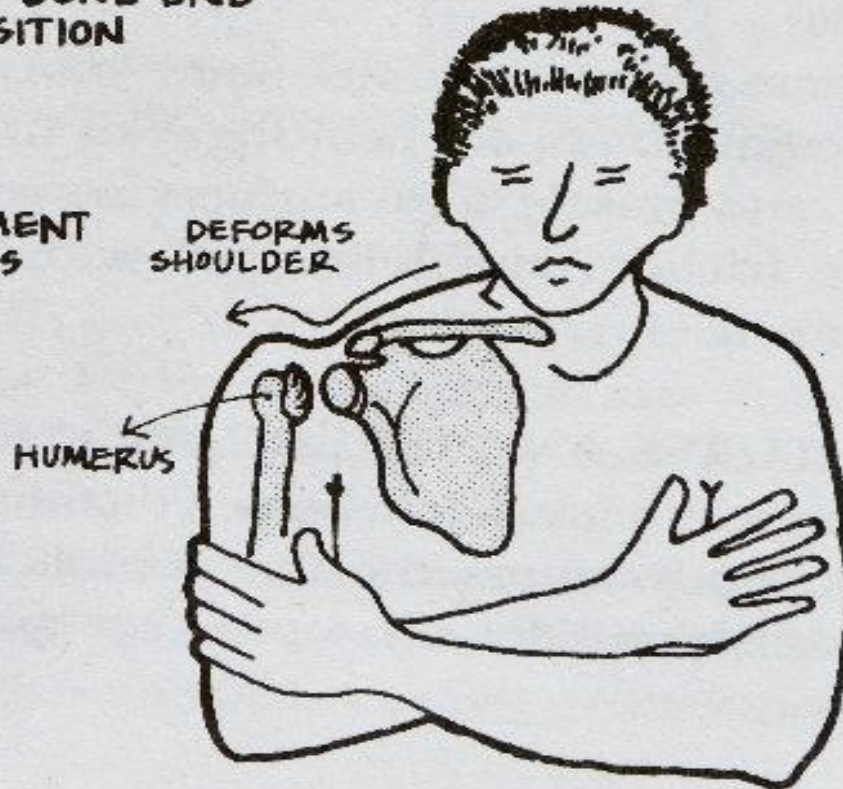
SAM SPLINT DISPLACED FRACTURE/SEVERE SPRAIN



DISLOCATION – SPLINT RATHER THAN TREAT

DISLOCATION
DISPLACEMENT OF A BONE END
FROM ITS NORMAL POSITION
AT THE JOINT.

EXAMPLE :
DISPLACEMENT
OF HUMERUS
FROM
SHOULDER
BONES



ENVIRONMENTAL INJURIES

- CACTUS
- BEE STINGS

CACTUS

CHOLLA AND PRICKLY PEAR ARE MOST COMMON

- CHOLLA PODS REMOVED WITH COMB PREFERABLY WITH A HANDLE
- LARGE SPINES OF CHOLLA OR PRICKLY PEAR REMOVED WITH TWEEZERS
- TINY SPINES (CALLED GLOCHIDS) ARE LEFT BEHIND IN THE SKIN. THEY ARE MORE DIFFICULT TO REMOVE, CAUSE SKIN IRRITATION AND CAN PRODUCE A LONG LASTING UNCOMFORTABLE DERMATITIS.
- REMOVE AS MANY AS POSSIBLE WITH TWEEZERS
- USE AN ADHESIVE METHOD TO REMOVE MORE GLOCHIDS
 - DUCT TAPE
 - ELMER'S GLUE

BEE STINGS

- MOST COMMON CAUSE OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION) IN THE WILDERNESS
- SYMPTOMS INCLUDE SWELLING AND HIVES (RED RASH), SHORTNESS OF BREATH DUE TO BRONCHIAL SPASM (AIRWAY CONSTRICTION).
- USUALLY HAVE PAST HISTORY OF SEVERE ALLERGY OR ANAPHYLAXIS. HIKER SHOULD BRING EPIPEN® IF PRIOR HISTORY OF ALLERGIC REACTION TO BEES OR ANTS.
- TREATMENT
 - QUICKLY REMOVE STINGER IF STILL PRESENT (USE CREDIT CARD EDGE OR PEN KNIFE – DO NOT PINCH)
 - IF HIKER HAS THEIR OWN EPIPEN MAY ASSIST THEM IN USING IT.
 - EPINEPHRINE (1:1000) 0.3 CC IM IN THIGH. MAY NEED TO REPEAT IF REBOUND SYMPTOMS DEVELOP.
 - GIVE ORAL ANITHISTAMINE - TWO 25 MG BENADRYL TABLETS.

PHYSIOLOGY OF AGING

- CARDIAC
 - DECREASED CARDIAC OUTPUT, DECREASED MAXIMAL HEART RATE, MORE ARRHYTHMIAS, DECREASED VENTRICULAR ELASTICITY
 - PULMONARY
 - DECREASED ELASTICITY OF THORAX, DECREASED GAS EXCHANGE AREA
 - MUSCULOSKELETAL
 - DECREASED MUSCLE MASS AND BONE MINERAL LOSS
 - NEUROLOGIC
 - SENSORY – DIMINISHED HEARING AND VISION
 - BALANCE – DECREASED BALANCE
-

HYDRATION AND BOWEL ABSORPTION

- Fluids are mostly absorbed from the small intestine. The maximal absorption rate is 0.035 ml/cm/minute (in 10 healthy volunteers with approximately 600 centimeters of small intestine).

Palma, Vidon, Bernier Dig Dis Sci. 1981 Oct;26 10:929-34

Volume of fluid	Absorption time (minutes)
1 oz or 30 ml	1.4 minutes
10 oz or 300 ml	14.3 minutes
33 oz or 1000 ml	47.5 min

AGING MAKES US MORE PRONE TO HEAT EXHAUSTION

DECREASED CENTRAL NERVOUS SYSTEM RESPONSE TO HEAT

DECREASED SWEATING

- NOT ACCLIMATED TO HOT ENVIRONMENT
- DECREASED SWEAT OUTPUT DUE TO MEDICATIONS
- DIURETICS AND/OR DEHYDRATION

DECREASED PERCEPTION OF THIRST

CONDITIONS ASSOCIATED WITH THE “UMBLES”

- “UMBLES” ARE MUMBLES, STUMBLES AND TUMBLES. ALL ARE SUGGESTIVE OF ALTERED MENTAL STATUS DUE TO SOME UNDERLYING MEDICAL CONDITION AND ARE WARNING SIGNS.
- THE “UMBLES” ARE NOT DIAGNOSTIC OF A PARTICULAR CONDITION. THE HIKE LEADER SHOULD TRY AND SORT OUT THE MOST COMMON CAUSES IN THE TUCSON DAY-HIKE ENVIRONMENT.

HINT – HEAT RELATED ILLNESS OR LACK OF CONDITIONING =99%

MEDICAL EMERGENCIES

CONDITIONS ASSOCIATED WITH THE “UMBLES” (MUMBLES, GRUMBLES AND TUMBLES)

- HEAT RELATED ILLNESS AND DEHYDRATION
- LACK OF CONDITIONING/ACCLIMITIZATION
- OTHER

HYPOGLYCEMIA (LOW BLOOD SUGAR), HYPOTHERMIA

SEIZURE

STROKE

HEAD INJURY

ACUTE CORONARY SYNDROME (CHEST PAIN, HEART ATTACK, CARDIAC ARREST))

HEAT RELATED ILLNESS

AGING DECREASES ABILITY TO RESPOND TO HEAT STRESS!

- DECREASED PERIPHERAL VASODILATATION TO SKIN
- DECREASED SWEAT RESPONSE DUE TO AGE, ACCLIMATIZATION, **MEDICATIONS**

MOST VULNERABLE ORGANS TO HEAT

- BRAIN
- LIVER
- GUT

LEADING CAUSE OF MORTALITY IN HS ATHLETES

SYMPTOMS OF HEAT RELATED ILLNESS

EARLY SYMPTOMS

- FLUSHED, PROFUSE SWEATING
- HEAT CRAMPS
- DIZZINESS, UNSTEADINESS, RESTLESSNESS, NAUSEA

LATE SYMPTOMS

- ALTERED MENTAL STATUS
- RAPID BREATHING
- RAPID HEART RATE

MEDICAL EMERGENCY

- HEAT STROKE – ABSENCE OF SWEATING, SYNCOPE, HALLUCINATIONS, BIZARRE BEHAVIOR, COMA

HEAT RELATED ILLNESS

GOOD QUESTIONS TO ASK:

- WHEN WAS THE LAST TIME YOU DRANK AND HOW MUCH?
 - WHEN WAS THE LAST TIME YOU ATE AND WHAT WAS IT?
 - HAVE YOU URINATED?
 - ARE YOU ON ANY MEDICATIONS? DID YOU TAKE THEM OR BRING THEM?
 - ARE YOU BEING TREATED FOR ANY MEDICAL CONDITIONS?
-

TREATMENT OF HEAT RELATED ILLNESS

- REST IN THE SHADE IN POSITION OF COMFORT. OFTEN LYING THE HIKER DOWN AND ELEVATING LEGS HELPFUL.
 - PROMOTE SKIN COOLING WITH A MOIST ENDURCOOL BANDANA OR WETTING A COTTON BANDANA OR CLOTHING.
 - ENSURE HYDRATION AND ELECTROLYTE REPLACEMENT. SHOT BLOX®, GU®, PROPEL®, SALT STIX®
 - DECIDING TO HIKE OUT OR CALL 911.
 - IF HIKER DOESN'T QUICKLY RESPOND TO CONSERVATIVE MEASURES, CALL 911 FOR RESCUE.
-

MEDICAL EMERGENCIES

BE AWARE! *KEEP AN EYE ON YOUR HIKERS!*

IF SOMEONE IS HAVING TROUBLE. STOP AND EVALUATE.

- PLACE IN A COMFORTABLE POSITION
 - REGULATE TEMPERATURE (FIND SHADE OR ADDITIONAL CLOTHING)
 - MOIST TOWEL OR BANDANA TO FOREHEAD
 - PROVIDE REASSURANCE!
-

KEEPING COOL ON A DESERT HIKE

AVOID DEHYDRATION! DEHYDRATION LEADS TO DIMINISHED SWEAT RESPONSE AND HEAT RELATED ILLNESS

- WEAR A WIDE BRIM HAT AND LOOSE CLOTHING THAT PROMOTES AIR CIRCULATION.
- COME TO THE HIKE HYDRATED AND STAY HYDRATED! (COFFEE/TEA ARE HAVE DIURETIC EFFECT!)
 - **DRINK BEFORE THIRSTY**, AT LEAST EVERY HOUR. (GOOD RULE OF THUMB IS 1 LITER/QUART OF LIQUID EVERY 5 MILES.
 - PERIODICALLY CONSUME ELCTROLYTES AND SALTY SNACKS.
 - MONITOR URINATION (COLOR AND FREQUENCY).

HYPOGLYCEMIA – LOW BLOOD SUGAR

OCCURS IN SETTING OF DIABETIC PATIENT WHO HAS A LOW BLOOD SUGAR

- EXCESSIVE INSULIN RELATIVE TO CALORIC INTAKE
- EXERCISE LEVEL HAS CREATED RELATIVE CALORIC DEFICIENCY AND MAY EXACERBATE INSULIN EFFECT

SYMPTOMS

- NERVOUSNESS OR ANXIETY. IRRITABILITY
- SWEATING
- CONFUSION
- RAPID HEART BEAT

TREATMENT

- ORAL SUGAR DRINK OR SUPPLEMENT - GU ENERGY GEL®, SUGARY DRINK, CANDY

EXPOSURE AND HYPOTHERMIA

- PREVENTION IS KEY
 - ADEQUATE PREPARATION
 - PROPER GEAR (GUIDES - ALWAYS BRING A WARM VEST/JACKET IN PACK)**
 - REMEMBER LAYERS AND RAIN GEAR!
- TREATMENT
 - GET HIKER OUT OF COLD, WET OR WINDY CONDITIONS.
 - REMOVE WET CLOTHING.
 - PUT ON DRY CLOTHING AND/OR BLANKETS.
 - CONSUME WARM LIQUIDS IF AVAILABLE.
 - EVACUATION ?

STROKE

INTERRUPTION OF BLOOD FLOW TO A BRAIN TISSUE. LESS COMMONLY BLEEDING INTO BRAIN TISSUE.

SYMPTOMS

- CONFUSION
 - DIFFICULTY SPEAKING
 - LOSS OF BALANCE AND WEAKNESS
 - PARALYSIS OF ONE SIDE OF THE FACE, ARM OR LEG
-

STROKE

TREATMENT

- **REQUIRES EVACUATION. DO NOT GIVE ASPIRIN.** CALL 911 WITH CURRENT LOCATION AND NATURE OF EMERGENCY.
- OCCASIONALLY SYMPTOMS QUICKLY RESOLVE (TRANSIENT ISCHEMIC ATTACK OR TIA). STILL REQUIRES EVAC AND MEDICAL CARE.

HEAD INJURY

CONTROL HEMORRHAGE FROM ANY SCALP OR FACIAL LACERATION THAT WILL USUALLY BLEED BRISKLY. CAN USE HEMOSTATIC GAUZE.

ASSESS LEVEL OF RESPONSIVENESS AND RECALL OF EVENT

- ORIENTED, EYES OPEN, OBEYS COMMANDS, GOOD RECALL OF EVENTS
- IF HIKER SEEMS TO HAVE RECOVERED, CAN WALK OUT AND THEN RECOMMEND ASSESSMENT, ESPECIALLY IF DELAYED SYMPTOMS APPEAR. HAVE SOMEONE DRIVE THEM HOME AND CHECK ON THE EVERY HOUR THAT EVENING.
- CONFUSED OR LETHARGIC, IRRITABLE, INAPPROPRIATE WORDS, HAS AMNESIA FOR EVENT, ANY SUGGESTION OF SKULL OR FACIAL FRACTURE, IMBALANCE, SPINE PAIN OR OTHER INJURIES – CALL 911 AND EVACUATE

CHEST PAIN (ANGINA) AND HEART ATTACK

TYPICAL SYMPTOMS OF CARDIAC RELATED CHEST PAIN OR ANGINA

- PAIN DESCRIBED AS A SQUEEZING OR TIGHTNESS
- USUALLY IN THE CENTER OF THE CHEST BUT MAY LOCALIZE TO ONE SIDE OR ACROSS ENTIRE CHEST. MAY RADIATE TO THE ARMS, JAW, NECK OR BACK.
- CAN ALSO HAVE SHORTNESS OF BREATH, NAUSEA AND VOMITING, LIGHT HEADEDNESS OR FAINTING, PROFUSE SWEATING
- WOMEN MAY EXPERIENCE DIFFERENT SYMPTOMS. FATIGUE COMMON SYMPTOM.

CHEST PAIN (ANGINA) AND HEART ATTACK

REDUCE STRAIN ON HEART

- CALL 911 WITH CURRENT LOCATION AND NATURE OF EMERGENCY.
- REST IS KEY. REDUCE EXPOSURE TO HEAT OR COLD
- HYDRATE BUT NO FOOD
- MAY ASSIST IN ADMINISTERING HIKERS OWN NITROGLYCERIN
- GIVE 4 81 MG CHEWABLE BABY ASPIRIN OR ADULT 325 MG ASPIRIN

COMMUNICATION WITH EMERGENCY DISPATCH

BEFORE YOU CALL

GET HEALTH INFO FROM NAME TAG

RECORD GPS LOCATION (DMS OR DEGREES, MINUTES, SECONDS) FROM DEVICE OR PHONE

DIAL 911 – IDENTIFY YOURSELF, GPS LOCATION AND EMERGENCY SITUATION

GIVE PATIENT AGE AND SEX

EXPLAIN SYMPTOMS OR INJURY

ASSESS LEVEL OF RESPONSE (ALERT, SLEEPY, UNCONSCIOUS)

REPORT PHYSICAL FINDINGS - THINK ABC – AIRWAY, BREATHING, CIRCULATION (PULSE) PLUS FINDING SPECIFIC TO THE INJURY OR ILLNESS

ASSESSMENT (WHAT YOU THINK IS THE PROBLEM) AND ANY TREATMENT ADMINISTERED

SCREENING THE NEW HIKER

ARE THEY IN SHAPE?

CURRENTLY HIKING OR REGULARLY WALKING?

RECENT CLUB HIKES AND WITH WHICH GUIDE?

ABLE TO HIKE APPROPRIATE DISTANCE AND ELEVATION GAIN FOR HIKE?

ARE THEY ACCLIMATED?

HAVE THEY BEEN EXERCISING IN SADDLEBROOKE OR JUST ARRIVED?

SCREENING THE NEW HIKER

DO THEY HAVE HEALTH ISSUES? HAVE THEM REPLY BY EMAIL!

ANY HISTORY OF SEVERE ALLERGIC REACTIONS, PARTICULARLY TO ANTS AND BEE STINGS?

IF POSITIVE HX SHOULD BRING EPIPEN®. BRING ALONG INHALER OR NITROGLYCERIN TABS IF PRESCRIBED

REMIND THEM OF ESSENTIALS!

HAT, SUNGLASSES, SUN BLOCK, WINDBREAKER OR FLEECE.

WATER OR ELECTROLYTE DRINK (AT LEAST 1 LITER PER 5 MILES)

SNACKS

BREAK OUT GROUPS

SCENARIO 1

HIKE LOCATION: [C!] PANTHER PEAK – 5.5 MILES, ACCUM GAIN 1250'

WEATHER: CLEAR WITH HIGH TEMPS IN LOW 80'S

Prior to the hike, an email was sent to the scheduled hikers advising them that the C! hike involved a strenuous ascent with some hand over hand climbing in about a mile long section of a steep canyon wash. Gloves, long pants, shirt with long sleeves, and poles were recommended. A hiker, unknown to the guide was contacted regarding fitness, and he said he had been doing B and C hikes. At the meeting site, the hiker in question appeared obese, and was wearing a tee shirt, shorts, low top hiking shoes and had hiking poles.

SCENARIO 1, CONTINUED

During the climb, the hiker became quite fatigued prior to reaching the summit. The guide sat him down, and he was given supportive hydration and an electrolyte capsule. The hiker confessed that he had over-estimated his physical conditioning. The guide remained with him while the rest of the group went on to the summit, a short distance away for lunch.

On the descent, the hiker fell backwards, twisting and breaking one of his poles. He complained of left ankle pain. On examination, there was no immediate swelling, bruising, or a palpable abnormality. Reassessment later in the descent revealed point tenderness laterally just above the ankle bone.

SCENARIO 2

HIKE LOCATION: [C] WATER CANYON – 3.2 MILES, ACCUM GAIN 1000'

WEATHER: OCCASIONAL FLURRIES WITH HIGH TEMP IN 30'S

Due to weather conditions on a club hiking trip to Utah, an alternate hike was planned. There were 11 hikers, including 3 guides, one of whom was carrying a SPOT device. There was no cellular service in the canyon. The trail extended along a canyon wall to a waterfall, where a hiker slipped and fell on wet rocks near the bottom of the waterfall. The hiker complained of severe knee pain and inability to bear weight on that leg.

SCENARIO 2, CONTINUED

The leg was splinted on both sides of the knee and wrapped with an Ace bandage. He was given three 200 mg ibuprofen pills.

The hiker stated he wanted to attempt to walk out with assistance. He fell again still in the waterfall area with a person on each side of him. He still insisted on trying to walk out with assistance.

SCENARIO 3

HIKE LOCATION: MIDDLE TANK/BABY JESUS LOOP [C] 6.2 MILES, ACCUM GAIN 1126'

WEATHER: CLEAR SKIES AND HOT WITH HIGH TEMP IN 90'S

The group consisted of 8 hikers and a substitute guide, recruited the night before the hike. The group left MVCC at 8:00 AM, temperature already in the high 70's. All hikers had a 1.5 liters of water. One lady was in her 80's and was a daily walker, but not a regular hiker.

The elderly lady hiker could not hike at a moderate pace, and whenever, the group stopped for any reason, she would find a place to sit. An attempt was made to make sure she was in shade, and regularly consuming fluids and electrolytes.

SCENARIO 3, CONTINUED

It was 11:30 am by the time the hikers arrived at the Middle tank lunch spot, roughly half-way, and the temp was approaching 90 degrees. The elderly hiker was flushed but insisted she was fine. She ate lunch, consumed a Shot Bloc and electrolyte tablet along with water. The hike continued at a slow pace with frequent stops due to her fatigue, and soon the entire group was laboring due to the heat and slow pace.

At around 5.6 miles, it became clear that the hiker in question appeared very flushed and weak, could not hike another step, and needed to stop.

SCENARIO 4

HIKE LOCATION: MIDDLE TANK/BABY JESUS LOOP – 6.2 MILES, ACCUM GAIN 1126'

WEATHER: CLOUDY WITH TEMP IN LOW 40'S

Midway on the loop hike, a hiker falls on some loose rock and hits her elbow resulting in a laceration. She has elbow pain and profuse bleeding. She mentions she is taking one baby aspirin a day.