ALTITUDE SICKNESS

Acute Mountain Sickness affects many travelers making rapid ascents to high altitude. It most often occurs at altitudes of 10,000 feet or more, though it can happen at lower altitudes. The air pressure at high elevations is less than at sea level, so with every breath, you take in less oxygen. The higher you go, the less the air pressure and the greater the problem. You can get used to the lower air pressure - but only if you take the time to acclimatize.

Different people are susceptible at different elevations - and one person might react differently on two separate occasions. Lots of factors enter into the equation, and scientists don't fully understand them. Age, fitness, pre-existing medical conditions, and medications may play a role - but the person who is most at risk is the person who climbs too high too fast.

- If you live at sea level and fly to higher elevations, take a rest day before you start hiking.
- Try to limit your net gain of elevation. There are no hard and fast rules. A commonly accepted limit is a net elevation gain of no more than 1,000 feet a day once you're over 10,000 feet. The Himalayan Rescue Association recommends that net elevation gain be limited to 400 meters (about 1,300 feet). If route considerations force you to do more, monitor your condition closely and take a rest day if necessary.
- Medicate. The drug Diamox can help prevent acute mountain sickness (AMS). Diamox can not be taken if you have with sulfa allergies. Dexamethasone is used instead.
- Sleep low: Go ahead and climb during the day - but at night choose campsites at lower elevations so you can recover.
- Drink-up. Dehydration contributes to altitude sickness, so keep that canteen handy! Monitor your hydration: Your urine should be almost clear.
- Alcohol and sedative-hypnotics should be avoided.
- A high carbohydrate diet (> 70%) reduced AMS symptoms by 30% in soldiers taken quickly to near the summit of Pike's Peak (4,300 m) and should be considered as an adjunctive preventative measure.
- Overexertion (activities involving more than walking around or tending to camp chores) contributes to illness, and should be avoided.
- Mild exercise aids in acclimatization but severe heavy exercise should be avoided
- If you feel lousy, assume that it's the altitude: No exceptions, no excuses. The common early symptoms are headaches, slight nausea, dizziness, heart palpitations, and shortness of breath.
- Never go higher if you have even minor symptoms. Wait them out: Usually, they'll go away and it'll be safe to continue.

Severe symptoms can quickly turn into fatal pulmonary or brain swelling. If you or your partner has any of the following go downhill to the last place you felt well:

- Resting pulse over 110
- Rapid breathing at rest
- Loss of appetite
- Unusual fatigue while walking
- Loss of appetite
- Skipping meals
- Exhibiting anti-social behavior

If symptoms continue to worsen after descent you should seek immediate medical help. Signs of a potentially severe medical crisis include: staggering or disorientation, vomiting repeatedly, a very weak or very rapid pulse, cyanosis (bluish coloring of the skin), ragged breathing, and white or bloody sputum. Don't dawdle at the onset of progressive or severe symptoms - prompt and rapid descent is the only effective treatment, although drugs Dexamethasone, Lasix, and Nifedipine may buy some time. Oxygen should be given if available. Left untreated, severe cases can lapse into unconsciousness and die within hours.