

THE BANGOR MOUNTAIN MEDICINE PROJECT PRESENTS

# SNOWDONIA: DEAD MEN WALKING



## OUT OF HOSPITAL CARDIAC ARRESTS IN THE MOUNTAINS OF SNOWDONIA: COULD MORE LIVES BE SAVED?

### Introduction

There have been no survivors of OOHCA in Snowdonia mountain casualties since 2004 (and anecdotally, not ever). We wished to identify any factors that might improve this dismal performance.

### Method

The Bangor Mountain Medicine database (all casualties brought to our ED/mortuary following contact with SAR helicopter and/or MRT 1/1/4-30/8/16) was interrogated, and incident reports and Coroners' post-mortem reports scrutinised.

### Results

- There were 31 non-traumatic deaths in the study period.
- Six deaths - due to self harm (four), accidental hypothermia (one) and unascertained (one) - will not be considered further.
- The remaining 25 were sudden collapses. All bar one were male with mean age of 58 years (range 43-75) and the majority (22/25) were hill-walking at the time of collapse.

Almost all had PM findings of ischaemic heart disease (IHD), but two casualties had lobar pneumonia: one isolated pneumonia, the other in addition to IHD. One death was attributed to calcified aortic stenosis.

- Resuscitation information was available for 23/25.
- No resuscitation effort was made in five, and bystanders ceased CPR prior to rescuer arrival in a further two. These, plus four where rescuer CPR failed, were ROLE'd at scene.
- The remaining 12 arrived in ED in cardiac arrest and could not be revived.

One case had (transient) ROSC (bystander BLS from a paramedic; in VF on rescuer arrival; five shocks pre-hospital). One other was defibrillated once, then asystole. All the others were asystolic from time of rescuer arrival. Snowdon summit café's AED was deployed to two cases, but no shock advised for either.

### Discussion

There is an inevitable delay to rescuer arrival in SAR environments and it is simply not feasible to improve access to AEDs for public use in most mountain settings.

The only hint of a modifiable influence is the casualty who remained in Ventricular Fibrillation till rescuer arrival thanks to excellent CPR.

Middle-aged and older men going hill-walking are advised to ensure their walking companions are BLS trained.