Successful avalanche resuscitation
Avalanche accident in Wielka Świstówka
Western Polish Tatras, Poland
21 February 2015

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Avalanche accident in Wielka Świstówka
Poland, 21 February 2015

On the day of the avalanche:
- avalanche danger II
- weather conditions: wind predominantly from southern direction, gaining force at night 20/21 February, gusts up to 120 km/h, Halny (Foehn type wind)
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Temperature on the day dropped following a significant rise in the previous days (freezing level above 1900m.)

No snowfall occurred on the preceding days. However, snow was heavily transported.
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14:28 - avalanche accident in Wielka Świstówka, Dolina Miętusia reported via mobile phone to TOPR HQ: cavers buried while on the way to Komin cave in Ratusz Litworowy massif (no person in the group is equipped with avalanche beacon).

The original call indicated three persons under the snow. Subsequently the information was updated, four persons buried: two recovered, two remaining under the snow.
General situation of the avalanche accident

Dolina Miętusia, Western Polish Tatras
Avalanche occurred in a less accessible part of Dolina Miętusia

Wielka Świstówka, Dolina Miętusia
Steep terrain above the avalanche site

Approximate area where the cavers were buried.
Avalanche fracture line close-up

Thickness of snow cover reached 1.2m.
The original call indicated **three** persons under the snow. Subsequently the information was updated, **four** persons buried: two recovered, two remaining under the snow.
Terrain appearance in summer

Ratusz Litworowy, Dolina Miętusia
The avalanche area in summer

The rescuer stands in the approximate area where the victims were buried
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Extremely unfavourable weather conditions (wind up to 120 km/h, white-out) ruled out the use of helicopter. The rescuers had to access the accident site on skis.

16:22 - the first rescuer arrives on the site of accident.
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1st patient:

As reported by one of companions: 1st person is extricated by the companions after 20-25 minutes of burial under 50 cm of snow, buried prostrate (face downwards), airways blocked by snow, no air pocket present, resuscitation commenced instantly.

As witnessed by the rescuer: the victim has been resuscitated for 1h 25’, not breathing, no pulse, on AED Laerdal FR2 monitor: asystole, airways filled with water, no visible trauma.

Decision: In the face of personnel shortage, difficult terrain, another patient with greater chances of survival the resuscitation was discontinued. Most likely asphyxia case.
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2nd patient:

As reported by one of companions: 2nd victim was extricated from under the snow after 1h 50’ (16:10), buried in upright position, head upwards, under 40 cm of snow. When retrieved - conscious, no verbal contact possible, airways patent, air pocket present, palms of hands in front of the face, backpack in front of chest.
As witnessed by the rescuer: 2nd patient in position as described, legs being uncovered from snow by the companions, conscious, no verbal contact, agitated, GCS: 10-11 (4/4, 2/5, 4-5/6), weak pulse on carotid artery - ca 60 bpm, breaths: 22/min, pupils constricted. No signs of trauma.

Decision: priority patient (likely a hypothermia case)
A hollow in the snow was dug in order to protect the victim from the wind.

**Oxygen** was administered via face mask (8l/min), **thermal insulation** was implemented by means of **warm, dry clothing** and rescue blanket, **hot packs** were also used.
Oxygenation, thermal insulation of the second buried person

images: W. Cikowski
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AED Laerdal FR2 monitor indicated bradycardia ca 50-60bpm.

During the wait for the stretcher heart rate of the patient became irregular (most likely AF), subsequently bradycardia progressed to 40bpm, respiratory rate: 10-12/min.

The signs observed strengthen a picture of severe hypothermia (3/4 SSS).
17:30 - cardiac arrest in the second patient (VF), two defibrillations were delivered - in both cases heart activity quickly reverted to VF. At this point AED electrode pads became unusable due to water from melted snow.

Chest compressions were initiated. Pathological breathing action (gasping) witnessed, endotracheal intubation with reinforced 8mm tube followed, patient was ventilated with 100% oxygen with manual resuscitator.
AED electrode pads became unusable due to water from melted snow.
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Patient was placed in SKED stretcher, chest compressions and ventilation by BVM were carried out (amidst severe difficulties) incessantly throughout the rest of the rescue mission.

(AutoPulse automated chest compression device and AED failed due to weather conditions, rescuers on site demanded replacement devices from TOPR HQ.)
Placement of patient in SKED stretcher enabled the transport.

image: W. Cikowski
Continuous resuscitation and transport presented a considerable challenge.

image: W. Cikowski
The route from the avalanche site to the ambulance: valley but difficult terrain

Dolina Miętusia
The terrain in Dolina Miętusia is famously uninviting.
images: R. Szadkowski
Chest compressions and ventilation

image: W. Cikowski
At later stage the snowmobile became available. CPR continued.

image: W. Cikowski
20:35 - the patient was delivered to **ambulance** waiting at the entry to Dolina Kościeliska.

LUCAS chest compressions device was implemented. **Core temperature** measured in oesophagus was **below 17°C** (Datatherm II thermometer records temperature down to 17°C).
In the ambulance:

HR monitor showed **low voltage VF**, trace of bloody secretion was removed with suction device from the tracheal tube. **Chest compressions, ventilation** (via ventilator) and monitoring of the patient **were continued**. Low voltage VF persisted.

No defibrillations were performed as the low patient temperature rendered defibrillations ineffectual.
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21:30 - the patient was delivered to LPR (HEMS) helicopter awaiting on helipad in Nowy Targ.

CPR was continued throughout the whole process of transport.

image: Sebastian Eljasz
Patient was transported in ambulance to Nowy Targ, by helicopter to Kraków.
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According to an already existing operating procedure at 14:35 the Hypothermia Coordinator of Severe Hypothermia Treatment Centre in Kraków was notified. From that moment on all clinically important information was passed on and coordination of medical treatment was supported by SHTC.
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23:15 - ECMO was implemented in SHTC (John Paul II Hospital) in Kraków, the initial $T_c = 16.9^\circ C$. 
During the treatment in SHTC (John Paul II Hospital, Kraków) the patient was supported with ECMO for total 91 hrs - until cardiovascular stability achieved.

- underwent laparotomy twice due to ACS

- underwent renal replacement therapy due to renal insufficiency…
25 years old female patient survived neurologically intact

The patient suffered only temporary malfunction of right fibular nerve.

image: T. Darocha
CPR has been carried out for total 6h and 45’ (from cardiac arrest to ROSC)

Hypothermia cardiac arrest survival.
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Conclusions:

- readiness for ‘alternative’ techniques in mountain rescue (means of transport, selection of equipment)
- activating of up to 35 rescuers (professionals + volunteers)
- operating procedure for hypothermia cases ready
- cooperation between various institutions
- continuation of CPR until the rewarming
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Thank you for your attention

Images by:
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