Hyponatremia

Scenario Overview:

A sunny, hot and humid day in August, hiking along the Laurel Highlands Hiking Trail about 3:30 pm, you spot two hikers lying in the shade. As you approach, one asks if you have any medical training. Her companion, Robert, has grown ill over the last hour and she isn't sure if he should be evacuated or if he can continue to their planned shelter site.

Difficulty:

First Aider Moderate

How the scenario should progress:

Robert, 42, is nauseous and vomited 30 minutes earlier; has a pounding headache (a 6/10 pain scale), and is fatigued and weak. Robert is allergic to penicillin, takes vitamins and herbal supplements daily. He has no pertinent past medical history, no history of cardiac problems, and looks to be in good shape. The two of them have been hiking since early morning and have already covered about 12 miles of particularly hilly terrain. When you ask if he has been drinking enough water, Robert says hydration has been his biggest priority and he hasn't felt thirsty all day. He has been urinating normally and it has been clear. Robert ate a bowl of oatmeal for breakfast and an apple and banana for lunch.

Actor Tips:

Patient 1:

Name: Robert Age: 42 Sex: Male

Medication:

Robert takes vitamins and herbal supplements daily.

Allergies:

Robert is allergic to penicillin

Past medical/family/social history:

He has no pertinent past medical history, no history of cardiac problems, and looks to be in good shape.

Findings on examination:

Possible treatment from first aiders:

TREATMENT Patients with normal mental status, and mild to moderate symptoms, may be treated in the field: • Don't give your patient any more fluids for the time being; • Rest in the shade; • Encourage a gradual intake of salty foods (like pretzels, crackers, or salted fruit slices), while the kidneys reestablish a sodium balance. Potato chips and nuts aren't recommended due to their high fat content, and salt tablets are also not advised since they can induce nausea and vomiting. • Continue to monitor your patient's vital signs. Once your patient develops hunger and thirst combined with normal urine output, the problem is solved. A patient with a deteriorating mental status needs to be evacuated immediately.

No Observations Given