

Fly Royal!

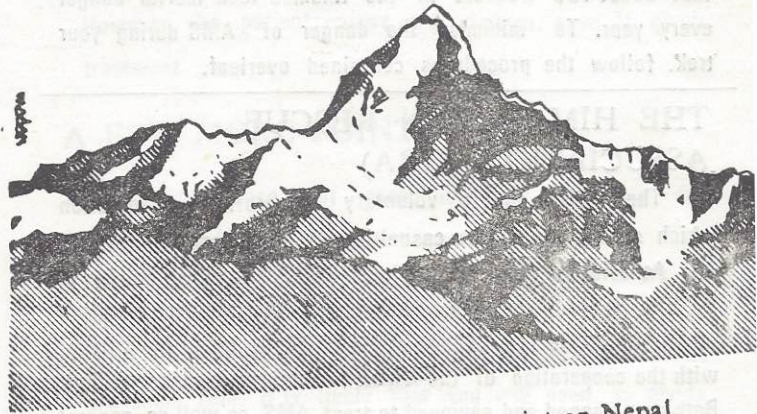
Get your first taste of Nepal, the moment you step aboard. RNAC's special blend of cheerful service and true Nepalese hospitality add up to make your flight an experience you'll love to repeat. It's the kind of hospitality that makes your holiday begin long before you land!

ROYAL NEPAL AIRLINES
Flight to enchantment

Cover Courtesy - Madan Chitrakar

MOUNTAIN SICKNESS IN THE HIMALAYA

ESSENTIAL INFORMATION FOR TREKKERS



Himalayan Rescue Association Nepal
P.O. Box 495, Tel 16025, 16976
Ghanaghar, Kathmandu Cable: HELP

ALTITUDE IS A PROBLEM IN THE HIMALAYA :

Even experienced mountaineers tend to forget the fact that the Himalayan mountains begin where other mountain ranges leave off. For example, the Base Camp of mount Everest is 3000 ft. (1000 m) higher than the summit of the Matterhorn ! As altitude increases, especially above 10,000 ft. (3000m) the air becomes thinner and your body may find difficulty in coping with this. Being young, strong and fit does not help. The only way is to give your body time to acclimatise to high altitude. If you go too high too fast, you risk a problem called **Acute Mountain Sickness (AMS)**.

This disease ruins treks, and sometimes kills trekkers. Nearly half of those who trek to Everest Base Camp get mild AMS and in about 2% it threatens life. This means that about 100 trekkers in the Khumbu face mortal danger every year. To minimise the danger of AMS during your trek, follow the procedures contained overleaf.

THE HIMALAYAN RESCUE ASSOCIATION (HRA)

The HRA is a voluntary not-profit organization which strives to reduce casualties in the Nepal Himalaya. The Association runs a Trekkers' Aid Post at a height of 14,000 ft. (4,300m) in Pheriche, with the cooperation of the Tokyo Medical College and also has a post in Manang, with the cooperation of the Nepal Mountaineering Association. Both are manned and equipped to treat AMS, as well as general medical problems. Pheriche post also conducts research on AMS.

In order to maintain and develop our activities, donations are most welcome. They may be recieved by the HRA, Box 495, Kathmandu or channelised through your trekking agency.

HOW TO AVOID ACUTE MOUNTAIN SICKNESS:

- If you plan trek carefully, and as we advise, you will probably not suffer from AMS at all, and you will certainly not be in danger of dying from it.
- Accept the fact that you cannot go very high if your time is short.
- Plan for "Rest Days" at about 12,000 ft. (3,600m) and 14,000 ft. (4,300m). This means sleeping at the same altitude for 2 nights. You can be as active as you wish during the day and go as high as you wish, but **descend again to sleep.**
- When above 12,500 (3,400m), do not move your camp more than 1,500 ft. (450m) in a day, even if you feel fit enough for twice that climb.
- Learn the early symptoms of AMS (see below).
If they occur **do not go any higher until you have recovered.**
- Learn the more serious symptoms of AMS (see below).
If they occur **go down at once.**

HOW TO RECOGNISE ACUTE MOUNTAIN SICKNESS:

There are three main types of AMS

- Early Mountain Sickness
- Pulmonary Oedema (waterlogged lungs), and
- Cerebral Oedema (swollen brain)

Early mountain sickness acts as a warning and can progress rapidly to pulmonary and cerebral oedema. It develops slowly; usually 2 to 3 days after reaching high altitude.

Symptoms of Early Mountain Sickness

Headache
Nausea
Loss of appetite
Sleeplessness
Swelling of the body

CURE: Do not go higher until you have recovered.

Symptoms of cerebral

Oedema :

Extreme tiredness
Vomiting
Severe headache
Difficulty in walking
(drunken, uneven steps)
Abnormal speech and behaviour
Drowsiness
Unconsciousness

CURE: Go down at once. and stay down.
Abandon Trek.

Note: Only some of these symptoms may be present. All are not necessary to make the diagnosis. Pulmonary and cerebral oedema may occur together.

Symptoms of Pulmonary Oedema

Weakness, tiredness. Increased breathing rate and heart rate. Dry cough at first. Cough with watery or bloody sputum comes later. Breathing may be noisy and bubbling, Chest feels congested. Fingernails and lips are darker colour than in healthy persons.

CURE: Go down at once.

If you recover quickly, you may go up again, slowly.

EMERGENCY DESCENT

(In Cases of Cerebral or Pulmonary Oedema)

- The patient can go down by walking, on porter's back or on a yak.
- Do not delay descent for any reason. Begin at night, if necessary.
- Do not wait for helicopter or aircraft evacuation.
- The patient must be accompanied.
- A patient with AMS may not be capable of making correct decision. You may need to insist that he go down, against his will.
- Medicine is no substitute for descent. If a doctor is available, he may give medicine and oxygen. However, the patient must go down, even if given treatment.

A FEW MORE POINTS:

- The HRA dose not recommend any medicine for preventing AMS.
- You Should not go to altitude if you have heart or lung disease. Check with your doctor if you have any doubt.
- Do not expect everyone in your party to acclimatise at the same rate. It is likely that you will need to divide the party so that people who acclimatise slowly will camp lower than others. Plan for this ;
- Take extra precaution when flying in to high altitude STOL airstrips like Syangboche (3,700 m). Take two "Rest Days" before proceeding.

HIGH ALTITUDE TREKKING AREAS

Teshi Lapcha 5755 m
(Rolwaling Khumbu)
Thorung La 5470 m
and Lake Tilicho 5910 m
(Jomsom Manang)
Ganja La 5200 m
(Langtang-Helambu)
Towards Kalapatthar 5545 m
and Gokyo Pass 5530 m
(Upper Khumbu)
Trekking Peaks up to
6630 m in Khumbu,
Rolwaling, Langtang,
Manang, Ganesh Himal
and Annapurna,

NEAREST MEDICAL FACILITY

Hospital, Jiri
Health Centre, Charikot
Hospital, Jomsom
HRA Aid Post, Manang

Hospital, Trisuli
Hospital, Kathmaudu
Health Centre, Namche
Hospital, Kunde
HRA Aid Post, Pheriche

(There are Health Posts
in major villages manned
by Assistant-Health
workers)

SUGGESTED ITINERARY FOR LUKLA KALAPATTHAR TREK (To avoid AMS)

Plan for nine days trekking
up and five days trekking
down.

First Night: From Lukla to Phakding or Jorsale (2,800 m)
Second Night: Namche (3,440 m)
Third Night: Namche, Khumjung or Kunde (3,800 m)
Fourth Night: Thyangboche (3,867 m)
Fifth and Sixth Night: (incl. Rest Day) Pheriche (4,300 m)
Seventh Night: Lobuje (4,900 m)
Eighth Night: Gorakshep (5,000 m)
Ninth Day: Ascent to Kalapatthar (5,450 m)
or Everest Base Camp (5,400 m)
and descent to Lobuje / Pheriche.

Note: No Special AMS precaution needed during descent.

HELICOPTER RESCUE:

Evacuation by air are carried out by Helicopter Services of Royal Nepalese Army, equipped with French Alouette choppers. Top priority is given to genuine emergency situations only But guarantee of payment is required before rescue, which can be provided by the trekker's agency or embassy. Rescue missions cost approx. 650 US Dollars per flying-hour. A round trip from Kathmandu to Everest / Annapurna Base Camps can be expected to take two and a half flying-hours. Helicopters cannot rescue above 17,000 ft. Also be aware that helicopters are not always readily available.

EMERGENCY CALL PROCEDURE:

Address to your trekking agent or embassy.

or Mr. P. P. Prasai Tel: 15001, 16025 (Office)
Chairman, HRA 21772 (Res.)

or Mr. Basanta Thapa
Hony. Secretary, HRA Tel: 16976 (Office)

or Mr. Sailendra Raj Sharma
Under Secretary, Tel: 11286 (Office)
Ministry of Tourism 21651 (Res.)

Send message through RNAC, Civil or Police wireless, or through messenger or fixed-wing aircraft.

- give location of pick-up
- if possible give elevation
- name of injured person (s) and nationality
- details of sickness : frostbite, AMS, heart problem, fracture, etc.
- whether oxygen/stretcher required