Altitude Sickness Treatment

To prevent acute mountain sickness, a climber's initial sleep altitude should be lower than 8,000 feet. At altitudes above 10,000 feet, the sleeping elevation should increase no more than 1,000 feet per day.

A simple, fundamental rule will help to prevent severe altitude illness in almost every case: If a person experiences any symptoms of altitude sickness, the person should not ascend or increase the sleeping elevation until all symptoms have resolved. Failure to follow this rule can allow simple altitude mountain sickness to progress to potentially fatal high-altitude pulmonary edema or high-altitude cerebral edema.

Treatments for the forms of altitude sickness are as follows:

- Altitude mountain sickness (AMS): Stop the ascent and rest. Symptoms typically go away by themselves; however, the person with AMS may need supplemental oxygen. Acetazolamide (a diuretic), if prescribed, will minimize fluid retention, and acetaminophen (Tylenol) or aspirin will relieve headaches.
- High-altitude pulmonary edema (HAPE): The climber with HAPE must rest, get supplemental oxygen, and descend immediately. In severe cases, nifedipine (Procardia), if prescribed, may be used as a "rescue agent," but it does not replace the need for descent.
- High-altitude cerebral edema (HACE): A person with HACE must receive supplemental oxygen and descend immediately. Use dexamethasone (Dexone) to decrease brain swelling. The person may require a Gamow bag (a bag that increases the air pressure around the climber which simulates descent) or other hyperbaric chamber treatment. However, this does not replace the need for descent.
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- When to Seek Medical Care


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