

WILDERNESS MEDICAL ASSOCIATES INTERNATIONAL

Stay Sharp, Stay Certified

APRIL 2024 NEWSLETTER



Spring is the ideal time to recertify as a wilderness medicine provider with various courses designed to keep your qualifications up to date.

Dive into our recertification options and continue to enhance your skills as a wilderness medicine provider. Choose from options such as our 3-Day WFR Recertification, 2-Day Hybrid WFR Recertification, and 4-day Bridge courses, ensuring you continue to face any challenge, anywhere.



[See All Recertification Courses](#)

INDUSTRY NEWS

Wilderness Medicine Education Collaborative

WMA International is a founding member of the Wilderness Medicine Education Collaborative. The WMEC mission is to elevate wilderness medicine education and set standards for common field certifications to ensure we are meeting the needs of those we serve.



Wilderness
Medicine
Education
Collaborative

The WMEC released revised Wilderness First Responder standards in 2023 and recently revised them again after an open comments period. Check out these new [WFR Standards and Supporting White Papers!](#)

Spotted in the wild

Earth Day is Monday, April 22nd! Join us in celebrating the beautiful places around the world in which we get to train, learn, and explore.



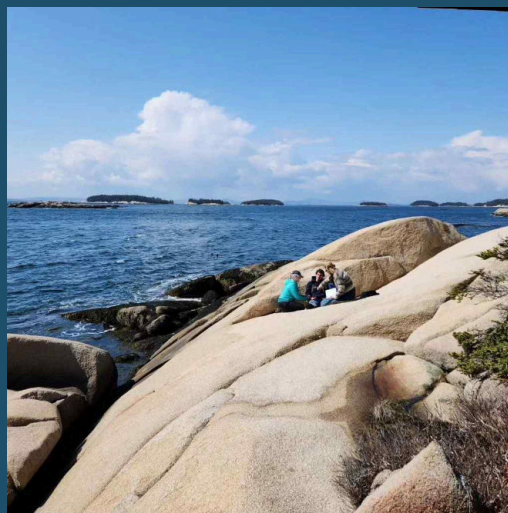
Wilderness EMT students celebrate a successful training in Friendship, Maine. Photo by Kat Benoit.



A group of [WMA Brazil](#) students pose during an expedition in Serra do Papagaio State Park.



Emergency medicine training performed by WFR students through [Gut-Z Journey](#).



Wilderness First Responder students practice the Focused Spine Exam on Hurricane Island in Penobscot Bay, Maine.

Send us photos from your course!

We'd love to see the behind-the-scenes of your experience.

[Submit Photos](#)

Course Spotlight

HAPPENING SOON

River Med: A Different Approach to a WFR Recert

Mountain Med Consulting, a WMA International Licensed Training Company based in Nelson, British Columbia is offering an innovative River Med course – a blend of WFR Recertification and Swiftwater Rescue Technician Level 3 (SRT3) Certification being held **April 21 – 25** in Clearwater, British Columbia, Canada!

This unique, on-water experience combines wilderness medical aid with Swiftwater Rescue techniques, establishing a new benchmark for safety in the whitewater industry.



Learn more about the [Mountain Med Consulting River Med course](#) or learn more about our [Specialized Courses](#).

Fall While Climbing

Thanks to those who shared thoughts on this case study on social media! With any injury or illness in the wilderness, we need to consider challenges related to the environment and evacuation as well as the patient's clinical findings.

READER SPOTLIGHT

"I had a couple of questions that came up as I was talking this through: What are the weather conditions and time of year for the scene, how many people comprised our rescue team and what level of qualifications do they have, how did the rescue team get to the patient (is there a trail, did they come top down or hike up), what kind of extractions can we utilize, what resources do we have with us? I also really like the newsletter, please keep sending them, my dad is an EMT and I'm WFR certified, and we enjoyed discussing the case study!"

- Jason K.

We asked WMA International's Curriculum Director, Julie Anderson, to create a problem list and share her considerations for caring for this patient in a remote context. This is what she had to say:

ASSESSMENT

1. High risk MOI with elevated pulse; concern for volume shock.

A': Compensated volume shock.

2. Unstable right ankle injury.

A': Ischemia.

3. Numerous superficial abrasions, lacerations, and contusions.

A': Infection.

4. Difficult and dangerous evacuation.

A': Delayed transport, rescuer fatigue and injury.

A': Cold exposure overnight.

PLAN

1. Anticipate evacuation in the morning.

2. Monitor vital signs and prevent heat loss.

3. Splint ankle and monitor distal CSM / elevate ankle when possible.

4. Provide pain medication.

5. Provide hydration and nutrition.

6. Clean high-risk wounds per protocols, bandage as needed.

DISCUSSION

Consider risk versus benefit! A thorough exam and monitoring trends over time help us determine the urgency of an evacuation based on the patient's compensation or response to treatment. In this situation, there was no severe external bleeding or pain and tenderness that suggested internal bleeding. Though the patient's pulse rate remained between 106 and 120 throughout care, the rest of the volume shock pattern was not present. In case review, no critical system problem was ever identified. The unstable ankle maintained circulation and sensation, lessening urgency.

An urgent response, although usual in the ambulance context, must be carefully measured in the backcountry. Considering the terrain, technical aspects of the rescue, and level of strain and fatigue this would put on rescuers, the patient's condition was stable enough to avoid an exceptionally high-risk evacuation at night. Waiting on scene and sheltering in place until the evacuation could be carried out in daylight with more equipment and personnel was safer and appropriate.

Share your insights on future case studies and join the conversation on our [Facebook](#) or [Instagram](#)!

Tell us your thoughts

