



It's normal for a client to experience mild altitude sickness above 10,000 feet on the summit day; however, it's unusual—and concerning—to see the signs and symptoms of AMS the morning after Camp 1 (7,000 ft) that worsen during the day, that night and morning of the next day. It's especially disturbing to see his climbing ability become affected early on the summit day. Under these circumstances, you have two choices:

1. Turn the entire group around and descend back through the Carbon Glacier to Camp 1 or below. This option gives you the support of both guides and their clients in the event that the patient's condition worsens and he needs to be carried. Under most guiding situations, this will be met with resistance from the clients who remain unaffected by the altitude and wish to summit.
2. Have the patient and one guide descend while the other guide takes the three remaining clients to the summit. While this may indeed work, it increases the risk for both parties should something else go sideways.

*DO NOT have him continue climbing; he MUST descend.* Consider administering 250 mg acetazolamide twice a day by mouth and 4 mg IM dexamethasone four times a day during descent.