**Comprehension Questions – Safe Travel at High Altitude**

1. Which of the following are normal (non-threatening) symptoms that you may experience when you start to hike at a high altitude? (These symptoms should not cause you alarm). Please circle all the answers below that apply.
2. Talking fast and constantly
3. Increased heart rate
4. Faster and deeper breathing, frequent sighing
5. Intense nausea, vomiting
6. Increased frequency of urination
7. Significant behavior changes, difficulty walking straight
8. Swelling around hands, legs, eyes
9. Labored breathing with exertion that resolves quickly with rest
10. Poor sleep, may have sleep apnea
11. Lightheadedness when you stand up
12. True or false: acute mountain sickness symptoms generally start immediately after you ascend to altitudes over 8000 feet.
13. Say you have just climbed to 8500 feet and you have an intense headache. List at least 4 other symptoms you would look for to determine if you have Acute Mountain Sickness (AMS).
14. Describe the symptoms that would be an indicator that you might be developing High Altitude Pulmonary Edema (HAPE).
    1. What are the most important steps to take if you start to show these symptoms?
15. Describe the symptoms that would indicate that you might be developing High Altitude Cerebral Edema (HACE).
    1. What are the most important steps to take if you start to show these symptoms?
16. True or false: HACE seldom appears without AMS symptoms appearing first.
17. Based on Johnson and Luks, a safe rate of increase in sleeping altitude is no more than 1000-1500’ per day on average, and a safe itinerary should also include rest days during which you sleep at the same {or lower} altitude every 3 to 4 days.

Considering the sleeping altitude profile for our Ausangate trip:

* 1. Which nights exceed the guideline for a safe daily increase in sleeping altitude?
  2. What days can count as ‘rest days’ (may not be strictly ‘resting’ but we sleep at the same or lower altitude as the previous night)?

1. If it’s difficult to avoid exceeding the guideline on your itinerary, what are some proven measures to reduce your chance of developing severe Acute Mountain Sickness? Please circle or highlight all the answers below that apply.

Take acetazolamide (Diamox) before starting to go up

Chew coca leaves while ascending

Hike slowly with plenty of rest breaks and stay hydrated

Watch for symptoms in yourself and other party members during the hike, communicate them to the leader, and stop ascending if symptoms of severe AMS, HAPE or HACE develop

Hike high and sleep lower to acclimatize in the days before

Pray to Pachamama

1. What is the dose of acetazolamide (Diamox) that is recommended for prevention of AMS? What about for treatment of AMS symptoms?
2. Given our altitude profile, when should you start taking the Diamox and how long should you plan to take it?