

Acute Mountain Sickness

What is AMS?

Acute Mountain Sickness (AMS) is an illness that may affect mountain climbers, hikers, or any travellers at high altitudes.

AMS is caused by the reduced air pressure and lower oxygen levels at high altitude. The faster you will climb and gain altitude, the more you will increase the risk of AMS.

Anybody undertaking a high altitude trip will be exposed to the AMS risks. Nobody may pretend it will never happen to them. Nonetheless, some people have higher risks factors, such as people who have already suffer from AMS, or people living near sea level and not used to travel at high altitude.

The AMS Scorecard

This is a tool to help you to continually grade and record any symptoms that could be related to Acute Mountain Sickness (AMS) and hence help you and your leader to decide whether it is safe to continue to higher altitude. Remember, you have a responsibility for your own safety and that of other members of the team.

Evaluate your individual and total symptom scores, using the scale below, at breakfast and dinner and record them in the table overleaf. You should also listen to your body and discuss your symptoms, scores and generally how you feel every day with your trip leader.

- o If you have **a continual headache** and a **total score of over 3** then it is advisable **not to go any higher until symptoms clear.**
- o A score of **6 or more** can indicate **severe AMS** and your **descent is essential** for your own safety and that of the rest of the group.

If the group has a pulse oximeter you can also record your blood oxygen saturation (O₂ Sat.). Though please note that these readings can sometimes be inaccurate or misleading and do need careful interpretation. The O₂ Sat. figures should not be used in preference to actual symptoms.

Symptom Scores

The following AMS scorecard will allow you to check your state all along your trip. We strongly recommend printing them and taking some with you. You can also ask us in our office in Kathmandu for spare cards in case you need some more.

Headache

0 None
 1 Mild
 2 Moderate
 3 Severe

Appetite

0 Good
 1 Poor
 2 Nausea/vomit
 3 Severe

Fatigue

0 None
 1 Mild
 2 Moderate
 3 Severe

Dizziness

0 None
 1 Mild
 2 Moderate
 3 Severe

Sleeping

0 No problem
 1 Not as usual
 2 Wake up lots
 3 No sleep

Name:		Age:	Weight (kg):	Gender:	Smoker Y/N	Start Date: / /					
Day (date)	Location	Altitude	H	A	F	D	S	Total	O ₂ Sat	Pulse	Medication (name, dose, time)/other symptoms/notes
_____ (_ / _)	Am										
	Mid										
	Pm										
_____ (_ / _)	Am										
	Mid										
	Pm										
_____ (_ / _)	Am										
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