

**OTHER PLACES YOU CAN OBTAIN
INDEPENDENT ADVICE ON SAFE TRAVEL:**

- ⇒ World Health Organisation: International Travel & Health:
⇒ www.who.int/ith
- ⇒ Foreign & Commonwealth Office: www.fco.gov.uk
- ⇒ Health advice for travellers - available from the Department of Health: www.dh.gov.uk/PolicyAndGuidance/HealthAdviceforTravellers/fs/en
- ⇒ Journey-specific health advice provided by Health Protection Scotland: www.fitfortravel.scot.nhs.uk
- ⇒ For travel health advice, disease prevention, DVT prevention, sun care, insurance issues and how to avoid mosquito bites: www.travelhealth.co.uk
- ⇒ Travel Healthy - Top Tips and Vaccine Preventable Diseases for Travellers, available at: www.spmsd.co.uk

Bon Voyage!

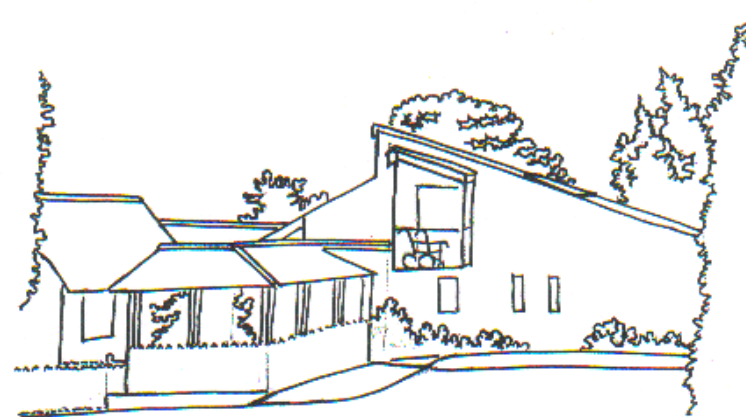


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**ALTITUDE SICKNESS
(AMS)**
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Acute Mountain Sickness (AMS)

AMS is very common at high altitude. At over 3,000 metres (10,000 feet) 75% of people will have mild symptoms. The occurrence of AMS is dependent upon the elevation, the rate of ascent and individual susceptibility.

Many people will experience mild AMS during the acclimatisation process.

The symptoms usually start 12 to 24 hours after arrival at altitude and begin to decrease in severity around the third day.

Symptoms of Mild AMS include:

- Headache
- Nausea & Dizziness
- Loss of appetite
- Fatigue
- Shortness of breath
- Disturbed sleep
- General feeling of malaise

Mild AMS does not interfere with normal activity and symptoms generally subside within two to four days as the body acclimatises. As long as symptoms are mild and only a nuisance, ascent can continue at a moderate rate.



Acute Mountain Sickness (AMS)

When hiking, it is essential that you communicate any symptoms of illness immediately to others on your trip.

Paracetamol and Ibuprofen can be used to treat the headache.

Symptoms of Moderate AMS include:

- Severe headache that is not relieved by medication
- Nausea and vomiting, increasing weakness and fatigue
- Shortness of breath
- Decreased co-ordination (ataxia)

The best test for moderate AMS is to have the person walk a straight line, heel to toe, just like a sobriety test. A person with ataxia would be unable to walk in a straight line

This is a clear indication that an immediate descent is required. It is important to get the person to descend before the ataxia reaches the point where they cannot walk on their own (which would necessitate a stretcher evacuation).