

CARDIAC OR CARDIOVASCULAR DISEASE

Adults who have had any of the following should undergo a thorough evaluation by a physician before considering participation at Philmont.

1. Angina (chest pain caused by blocked blood vessels or coming from the heart)
2. Myocardial infarction (heart attack)
3. Heart surgery or heart catheterization (including angioplasty to treat blocked blood vessels, balloon dilation, or stents)
4. Stroke or transient ischemic attacks (TIA's)
5. Claudication (leg pain with exercise caused by hardening of the arteries)
6. Family history of heart disease or a family member who died unexpectedly before age 50
7. Diabetes
8. Smoking and/or Excessive Weight

Youths who have congenital heart disease or acquired heart disease such as rheumatic fever, Kawasaki's disease or mitral valve prolapse should undergo thorough evaluation by a physician before considering participation at Philmont.

The altitude at Philmont and the physical exertion involved may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the first seven (7) conditions listed above should have a physician supervised stress test. More extensive testing (e.g. nuclear stress test) is recommended for participants who have coronary heart disease. **Even if the stress test is normal, the results of testing done at lower elevations and without the backpacks carried at Philmont do not guarantee safety.** If the test results are abnormal, the individual is advised not to participate.

HYPERTENSION (HIGH BLOOD PRESSURE)

The combination of stress and altitude appears to cause significant increase in blood pressure in some individuals attending Philmont. Occasionally hypertension reaches such a level that it is no longer safe to engage in strenuous activity. Hypertension can increase the risk of having a stroke, developing altitude sickness, or angina. **Persons coming to Philmont should have a normal blood pressure (less than 135/85).** Persons with significant hypertension (greater than 150/95) should be treated before coming to Philmont, and should continue on medications while at Philmont. **The goal of treatment should be to lower the blood pressure to normal. Persons with mild hypertension (greater than 135/85 but less than 150/95) probably require treatment as well.** It is the experience of the Philmont medical staff that such individuals often develop significant hypertension when they arrive at Philmont. Participants already on antihypertensive therapy with normal blood pressures should continue on medications. Diuretic therapy to control hypertension is not recommended because of the risks of dehydration which exist with strenuous activity at high altitude and low humidity. Each participant who is 18 years of age or older will have his or her blood pressure checked at Philmont. **Those individuals with a blood pressure consistently greater than 150/95 may be kept off the trail until the blood pressure decreases.**

INSULIN DEPENDENT DIABETES MELLITUS

Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust insulin doses based on these factors. The diabetic person also should know how to give a self injection. Both the diabetic person and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and to recognize indications of excessively low blood sugar (hypoglycemia). The diabetic person and one other individual should know the appropriate initial responses for these conditions. It is recommended that the diabetic person and one other individual carry insulin on the trek (in case of accident) and that a third vial be kept at the Health Lodge for backup. Insulin can be carried in a small thermos which can be re-supplied with ice or cold water at most staffed camps.

An insulin dependent diabetic who has been newly diagnosed (within last 6 months) or who has undergone a change in delivery system (e.g. insulin pump) in the last 6 months, should not attempt to participate in the strenuous activities encountered at Philmont. A diabetic person who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate in a trek at Philmont until better control of the diabetes has been achieved. Call Philmont at 505-376-2281 to obtain permission from the chief medical officer for individuals hospitalized within the past year.