Rapid Lesson Sharing

Event Type: Medical Incident

Date: July 22, 2026

Location: Claremont Fire, Idaho

‘Toughing It Out’ Can Have Potentially Life-Threatening Consequences

Wildland firefighters are a tough breed.

They work in backcountry that few people have seen, much less worked in. And they often perform this backbreaking work in extreme conditions of heat and heavy smoke.

What’s more, they sometimes do this daunting work even when they're injured or sick. As one Medical Unit Leader (MEDL) relayed, she has seen firefighters with blisters so severe, she marveled at their ability to stand—much less hike and work on the fireline.

This is an admirable trait—one to be commended. Even more remarkable is the reason they often do this: They don't want to let their crew down and they don't want anyone to have to come off the line and miss out on hazard pay.

IWI Organized to Get the Firefighter Off the Line

Recently, an Incident Management Team on the Claremont Fire in Idaho had an event that began when a firefighter tried to “tough it out.” After early morning bouts of severe diarrhea and repeated vomiting episodes, he laced up his boots and reported out to the line.

Early in the shift, he became completely incapacitated by more severe bouts of vomiting. A Line Medic was called. Upon his arrival, treatment began with IV fluids and anti-nausea medicine.

The firefighter did not respond to this treatment in the normal manner for what was thought to be heat exhaustion-dehydration or, potentially, food poisoning.

Did You Know?

Heat exhaustion combined with heavy physical exertion can mask or confound other medical conditions.

Even serious medical problems like heart attacks—or, as in this medical incident, gallbladder issues—can appear to be heat-related illness.

Gallbladder symptoms that are similar to heat issues include:

- Nausea and vomiting
- Weakness, fatigue, or malaise
- Headache or dizziness
- Elevated heart rate
- Sweating
- Abdominal discomfort or cramping

Do these symptoms sound familiar to anyone? What can they potentially mean to a firefighter on the line?

If you’re not feeling right: Get checked out! Heat illness, gallbladder or heart issues are serious conditions. Any of these symptoms—or a combination—can be life threatening.

Based on his lack of stabilization, the decision was made by the Line Medic in consultation with the MEDL to evacuate the firefighter off the line.

This medical Incident Within an Incident (IWI) worked as designed. The firefighter was evacuated off the line in the Line Medic’s truck and then transferred to a UTV while enroute to rendezvous with a local ambulance. After conferring with the MEDL, it was decided that the Line Medic would follow the ambulance to the hospital to ensure that the firefighter received appropriate care. This turned out to be a potentially life-saving decision.

As part of the IWI, the Hospital Liaison was dispatched to the hospital and met the patient there. Shortly after, the Incident Commander Trainee [IC(t)] attached to the team also travelled to the hospital to provide support to the patient.

Line Medic Recommends that the Patient Leave the First Emergency Room

At the hospital, the firefighter's care was not what the Line Medic knew he should receive because his condition was deteriorating.

Inexplicably, the Physician's Assistant decided to discharge the firefighter with a prescription for the same anti-nausea medicine that the Line Medic had already administered twice—and it was not working. A second opinion was requested from the on-call doctor, but it was denied.

After consultation with the MEDL, the Line Medic recommended to the patient that he leave "against medical advice" (AMA) without accepting the discharge paperwork or the prescription. (No official AMA paperwork was provided to, or signed by, the patient.) The Line Medic then transported the firefighter in the Line Medic's truck to another Emergency Room. At this facility, the Line Medic observed that the care was greatly improved from the "care" provided in the previous Emergency Room. The Hospital Liaison and IC(t) also relocated to the second hospital to continue providing support.

The patient was immediately taken into a triage room, where he received a full exam that led to a CAT scan which showed that he had an inflamed gallbladder. This led to an ultrasound which confirmed his condition. He was then placed in the surgical rotation, and shortly thereafter, had his gallbladder removed.

The firefighter was able to return home and is recovering well.

Lessons

This incident is a stark reminder of the complex nature of the wildland fire environment and the myriad of "trade-off" decisions that have to be made on medical extraction incidents. On this IWI, this included the MEDL sending the Line Medic to the hospital—which then resulted in having one less Medic out on the line, but a strong patient advocate with the firefighter.

And the IC(t) leaving the line left the Incident Management Team with one less person in a team lead role. The Hospital Liaison staying with the patient throughout this process also means he's not available for another call, but that he is doing the right thing to support the firefighter.

But perhaps the most challenging decision that each firefighter has to face:

When is "toughing it out" the wrong call?

This decision is a hard but a crucial one!

Perhaps framing it this way could help us all:

When is "toughing it out" dangerous for my fellow firefighters?

Points to Ponder

1. "Toughing it out" decisions can lead to dangerous—even life-threatening—outcomes.
2. Line Medics are essential to the initial stabilization of a patient at the scene. And, in severe cases, their ability to advocate on the firefighter's behalf in a hospital setting can be even more critical.
3. Firefighters need to always remember: A second opinion or further care elsewhere are always an option! As a MEDL has informed: *"Doctors are only human and can make mistakes the same as any of us."*
4. A fully informed and active MEDL serves a critical role in all medical scenarios including discussing discharge options like seeking care elsewhere or leaving "against medical advice" (AMA). These types of decisions can be explored after all other alternatives have been exhausted.

5. Local knowledge is critical for all wildland fire decisions, including medical ones. Some people interviewed during this RLS decided they would try to ensure that a Hospital Liaison is included in all future Incident Management Team in-briefs to share their understanding of local services. This intel could enhance the medical plan, perhaps even evacuation decisions such as whether to use local or incident ambulances for evacuating the patient.
6. The presence of an Incident Commander at the hospital enhances the response. They serve a critical role in morale for all involved and offer needed support amid the challenging decisions that have to be made.
7. Complexities may arise from leaving one facility and going to another—with or without an AMA decision—regarding the necessary follow-up paperwork. These complexities should not influence making this patient care decision. There are agency experts in this arena who can and will resolve these issues that may arise.
8. This Incident Management Team's response is a stellar example of the design and implementation of an IWI. This was a potentially lifesaving operation from start to finish.

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