



Hypothermia Environmental

Assessment

Pediatric Pearls:

- Use pediatric dosing of medications or electrical therapy for a pediatric patient < 37 kg and as defined by the PEDIA Tape.
- Pediatric hypotension is defined as SBP < 70 + (age in years x 2) mmHg

Signs & Symptoms:

- Cold, clammy
- Shivering
- Mental status changes
- Extremity pain or sensory abnormality
- Bradycardia
- Hypotension or shock

Differential:

- Metabolic disorder (hypoglycemia, hypothyroidism)
- Toxins
- Environmental exposure
- Shock
- Sepsis

Clinical Management Options

P	P	P	P	P	P	<ul style="list-style-type: none"> • Oxygen
L	L	L	L	L	L	<ul style="list-style-type: none"> • Temperature less than 95 F (< 35 C): Remove wet clothing, blankets as needed • Handle very gently if < 88 F (< 30 C) • BGL assessment • Use heat packs
1	2	3	4	5	6	<ul style="list-style-type: none"> • Increase temperature of transport compartment
						<ul style="list-style-type: none"> • Vascular access • Warm IV Isotonic Crystalloid if available

Consult Online Medical Control As Needed

Pearls:

- Refer to drug formulary charts for all medication dosing for both adults and pediatric patients.
- Extremes of age are more susceptible (young and old)
- < 34 C (93.2 F), shivering may diminish at < 31 C (87.8 F) shivering may stop.
- With temperature less than 30 C (88 F) ventricular fibrillation is common cause of death. Handle patients gently to reduce the risk. Transport immediately for re-warming.
- If the temperature is unable to be measured, treat the patient based on the suspected temperature.
- Hypothermia may produce severe physiologic bradycardia. Do not treat unless profound hypotension unresponsive to fluids.
 - Hypothermia:
 - Mild: 89.6 – 95 F (32 – 35 C)
 - Moderate: 82.4 – 89.6 F (28 – 32 C)
 - Severe: < 82.4 F (< 28 C)
- During warming, cold blood may re-enter central circulation causing a subsequent decrease in body temperature.