

3.05 HEAT INJURY / HYPERTHERMIA

BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• Oxygen as indicated.• Remove excess clothing.• Move patient to cool area.• Encourage PO (cool/cold) liquids as tolerated.• Spray or sprinkle tepid water and use fan to cool• Apply wet towels or sheets to patient.• Apply ice packs to groin and axillae.
ALS Treatment
<ul style="list-style-type: none">• IV or IO of Normal Saline fluid bolus for signs/symptoms of heat exhaustion/heat stroke. Repeat as needed if continued signs/symptoms of heat exhaustion/heat stroke or SBP < 90 or signs of poor perfusion.• Continue active cooling measures during transport.
Comments
<ul style="list-style-type: none">• Persons at great risk of hyperthermia are infants, elderly, individuals in athletic endurance events, and persons taking medications that impair the body's ability to regulate heat (e.g. many psychiatric medications, diuretics, alcohol).• Heat exhaustion may progress to heat stroke without obvious external signs/symptoms.• Heat stroke is associated with altered mental status and temperature > 106 degrees Fahrenheit (41.1 degrees Celsius).• Evaluate for concomitant trauma and institute appropriate treatment as indicated.• Utilize body temperature serial measurements as a tool to assess effectiveness of cooling measures. If temperature fails to decrease add additional therapy.
Base Hospital Contact Criteria
<ul style="list-style-type: none">• Cessation of resuscitation efforts in hyperthermic patients.