

3.06 COLD INJURY/HYPOTHERMIA

BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• NPO.• Oxygen as indicated.• Remove all wet clothing. Gently dry patient. Cover with blankets (warm if possible) to prevent further heat loss.• Do active, external rewarming, using ready-heat chemical blankets.• Maintain warm environment.
ALS Treatment
<ul style="list-style-type: none">• IV/IO of Normal Saline at TKO.
Comments
<ul style="list-style-type: none">• Treat cardiac dysrhythmias according to protocol.• Severely hypothermic patients may need prolonged palpation/observation to detect pulse and respirations.• Bradycardia is normal; very slow rates may be sufficient for metabolic demands.• Defibrillation may not be effective until patient is re-warmed.• Do NOT determine death for acutely hypothermic patient unless re-warmed or patient is determined dead by other criteria.• Avoid heat packs with temperature > 110 degrees Fahrenheit that may burn patient's skin.• Excessive movement of the patient may precipitate ventricular fibrillation. Use caution while performing advanced airway management or when moving patient.• Hypothermic cardiac arrest patients with return of spontaneous circulation should not be actively cooled. Keep patient covered and transport to STAR center.• Pale, cool, insensate extremities may be due to frostbite.• Frostbite: DO NOT rub or apply hot packs; manage affected extremities gently; keep covered and avoid exposures that might cause thawing and re-freezing.
Base Hospital Contact Criteria
<ul style="list-style-type: none">• Cessation of resuscitation efforts in hypothermic patients