




## ***Heat Emergencies***

1. Follow **General Pre-hospital Care Protocol**.
2. Determine history/evidence of heat exposure.
3. Check blood glucose and treat hypoglycemia per **Altered Mental Status Protocol**.




### **HEAT CRAMPS:**

1. Move the patient to a cool environment and attempt oral liquids.
2. Contact medical control.





### **HEAT EXHAUSTION:**

1. Move the patient to a cool environment.
2. Remove tight clothing.
3. Cool patient, provide air conditioning/fanning. Avoid chilling/shivering.
-  4. NS IV/IO fluid bolus up to 1 liter, wide open.
  - A. Patient may take oral fluid replacement rather than IV if no nausea. Allow oral intake of cool fluids or water (may use commercial sports/rehydration drinks). Do not permit patient to drink if altered mental status, abdominal pain or nausea. Avoid carbonated, alcoholic and caffeinated beverages.
-   5. Contact medical control.

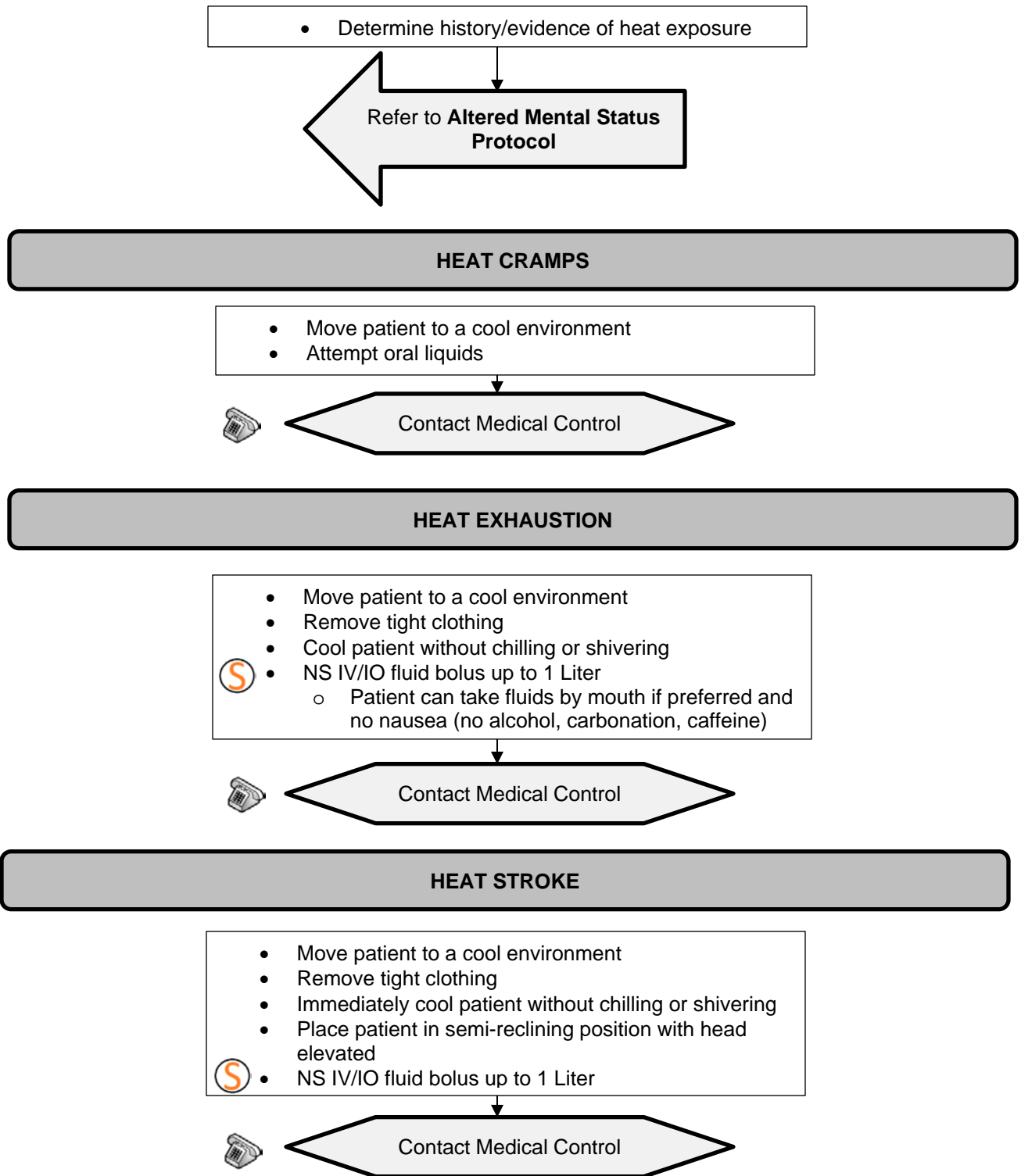
### **HEAT STROKE:**

1. Move the patient to a cool environment.
2. Remove tight clothing.
3. Immediate cooling – provide air conditioning and fanning. Avoid chilling/shivering.
4. Place patient in semi-reclining position with head elevated.
-  5. NS IV/IO fluid bolus up to 1 liter, wide open, repeat as indicated.
-   6. Contact medical control.



### **MANAGEMENT OF PATIENT WITH EXERTIONAL HEAT STROKE**

7. Cool as quickly as possible via ice or cool-water immersion, if possible. Alternative means, such as continually misting the exposed skin with tepid water while fanning the victim, may be used if immersion is not possible.
  - A. Cool as much of the body as possible, especially the torso.
8. **Cool first, transport second when possible.**
-  9. Obtain vascular access; consider resting the patient's arm on the side of immersion tub to start IV while patient is still immersed.
10. If patient experiences seizures, refer to **Seizures Protocol**.
-  11. Monitor ECG (lead cables can go in the water).
-   12. If uncontrolled shivering occurs during cooling, consider midazolam per **Patient Sedation Protocol**.

Follow **General Pre-Hospital Care Protocol**



**EXERTIONAL HEAT STROKE**

- Cool as quickly as possible via ice or cool-water immersion, if possible
- Alternative means, such as misting the skin with tepid water while fanning may be used if needed
- Cool as much of the body as possible (especially the torso)
- **Cool FIRST, transport second when possible**
-  Obtain vascular access
-  Monitor ECG

If the patient seizes, refer to **Seizures Protocol**



Contact Medical Control

If uncontrollable shivering occurs, consider **Patient Sedation Protocol**