

Sierra – Sacramento Valley EMS Agency Treatment Protocol

Hyperthermia



Effective: 12/01/2016

Next Review: 06/2019

E-1 (LALS)

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BLS

- If patient is in extremis, begin treatment prior to secondary survey
- Immediate rapid transport should be considered for patients in extremis
- Assess V/S including temperature if thermometer available
- Move patient to a cool environment, remove excess clothing, begin cooling measures
- O₂ at appropriate flow rate

HEAT CRAMPS

- Alert
- Temperature usually normal
- Sweaty, may be warm or cool to touch
- Neuro exam is normal except for muscle cramps (usually legs)

- Give cool/cold fluids slowly by mouth
- Rest cramping muscles
- Monitor and reassess

HEAT EXHAUSTION

- Temperature normal – slightly elevated
- Sweaty, usually hot to touch
- Neuro exam: no loss of control of extremities, but feels very weak, with normal neuro function
- Patient typically feels sick with flu like symptoms

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- Cardiac monitor (**AEMT II ONLY**)
- IV NS: 1000 ml fluid bolus
- Give cool/cold fluids slowly by mouth
- Monitor and reassess

HEAT STROKE

- Altered mental status
- Core temperature usually ≥ 104
- Skin usually flushed, hot; may or may not be moist if exercise induced
- May have persistent seizures

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- Aggressive cooling – Cold packs on neck, axilla and inguinal areas; fanning and misting if possible, undress patient, cover with sheet and wet thoroughly
- Cardiac monitor (**AEMT II ONLY**)
- IV NS: 1000 ml NS bolus - reassess and repeat if indicated for hypotension, SBP < 90, or signs of poor perfusion
- Continue cooling measures during transport
- Monitor and reassess