

Sierra – Sacramento Valley EMS Agency Treatment Protocol

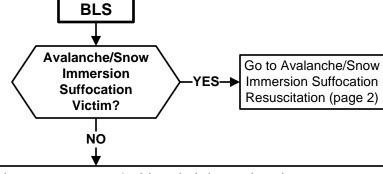
E-2 (LALS)

Hypothermia & Avalanche/Snow Immersion Suffocation Resuscitation

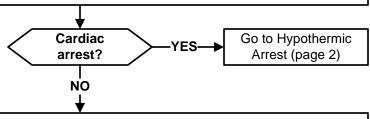
Approval: Troy M. Falck, MD – Medical Director Effective: 12/01/2024

Approval: John Poland – Executive Director Next Review: 01/2027

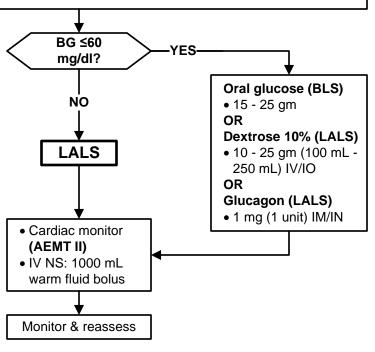
- 110/11/10/11/01/10/11/01/10/11
- Move pt to a warm environment, remove wet clothing, begin warming measures as soon as possible.
- Moderately & severely hypothermic pts should be handled as gently as possible.
- This protocol incorporates the official guidelines for the onsite treatment of avalanche victims established by the International Commission for Alpine Rescue (ICAR).



- Manage airway/assist ventilations as necessary: 4 6 breaths/min may be adequate
- Assess V/S including temperature: assess pulse for 60 seconds or greater if necessary



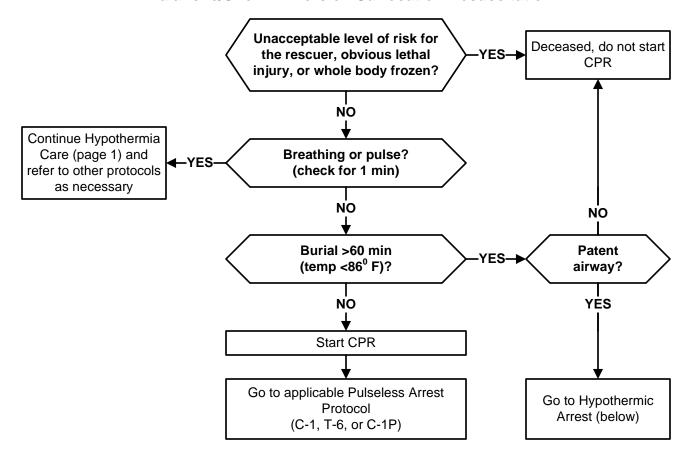
- O₂ (humidified & warmed if possible) at appropriate rate if hypoxemic (SpO₂ <94%) or short of breath
- Check blood glucose (BG) if able



E-2 (LALS)

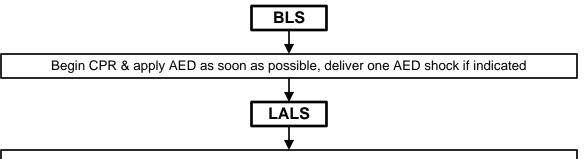
Hypothermia & Avalanche/Snow Immersion Suffocation Resuscitation

Avalanche/Snow Immersion Suffocation Resuscitation



Hypothermic Arrest

- Medications & defibrillation may be ineffective in a hypothermic cardiac arrest pt. If the pt is in v-fib, one shock & one round of medications should be delivered. It is reasonable to delay further defibrillation attempts & further medications until the pt is rewarmed.
- Continuing CPR & safe expedited transport to the nearest facility is the pt's best chance at survival.



- If indicated according to Pulseless Arrest protocol (C-1, T-6, or C-1P), administer one manual defibrillation (AEMT II) & one round of ALS medications (AEMT II)
- Evacuate/transport as soon as possible continue CPR until ROSC, rescuer exhaustion, hospital arrival, or base/modified base hospital order to terminate resuscitation efforts