SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 07/01/02 Protocol: P-017

HYPERTHERMIA

SUBJECTIVE FINDINGS

- Patient activity.
- Medications: tranquilizers, alcohol, diuretics, antidepressants.
- Associated symptoms: chest pain, cramps, headache, orthostatic symptoms, nausea,
- Air temperature and humidity; presence of excess clothing.

OBJECTIVE FINDINGS

HEAT CRAMPS

-Temperature: Usually normal.

-Mental Status: Alert.

-Skin Signs: Sweaty, may be warm or cool to touch.

-Neuro Exam: Normal except for muscle cramps (usually legs).	
BLS Treatment	ALS Treatment
Routine Medical Care.	Same as BLS.
 Note patient's temperature if possible. 	
Remove excess clothing.	
Move patient to cool area.	
 Give cool/cold liquids PO as tolerated. 	
Stretch cramped muscles to reduce pain.	

HEAT EXHAUSTION

-Temperature: Normal to slight elevation -Mental Status: Alert to slight confusion -Skin Signs: Sweaty, usually hot to touch

-Neuro exam: No loss of control of extremities, but feels very weak, with preservation of normal neuro

function

ALS Treatment
IV of NS.
 Give cool/cold liquids PO as
tolerated.
Cardiac monitor.
Transport.

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HEAT STROKE

- -Temperature: Core temperature usually 104 degrees Fahrenheit or greater.
- -Mental Status: Altered .
- -Skin Signs: Usually flushed, hot; may or may not be moist if exercise induced.
- -Neuro Exam: May have active persistent seizures.

Routine Medical Care. IV of	NS
 Remove excess clothing. Move patient to cool area. Spray or sprinkle tepid water and use fan to cool. Cardiac monitor. poor ml N indic Cont trans 	potensive (SBP < 90 or signs of perfusion): fluid challenge (500 S, reassess and repeat if ated). inue COOLING measures during

DOCUMENTATION

- Skin signs.
- Mental status.
- If skin flushed and hot and AMS present: IV of NS and cooling measures started.

PRECAUTIONS AND COMMENTS

- Persons at great risk of Hyperthermia are the elderly, individuals in endurance athletic events, and persons on medications which impair the body's ability to regulate heat.
- Be aware that heat exhaustion may progress to heat stroke.
- Do not use ice water or cold water to cool patient due to potential vasoconstriction.
- Do not place towels or blankets on the patient as they may increase core temperature.
- Patients with simple heat cramps may not need to be transported if cooling measures and liquids relieve symptoms.
- Be alert for signs of occult trauma, e.g. falls, and institute appropriate treatment if suspected.