

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 07/01/02

Protocol: P-018

HYPOTHERMIA

SUBJECTIVE FINDINGS

- Length of exposure.
- Air temperature, water temperature, was patient wet or dry?
- Medical history: trauma, alcohol, tranquilizers, anticonvulsants, medical problems.

OBJECTIVE FINDINGS

- AMS.
- Shivering.
- Note patient's temperature if possible.
- Evidence of local injury; blanching, blistering, erythema of extremities, ears, nose.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Remove all clothing: dry patient, cover with blankets (warmed if possible) to prevent further heat loss.• Maintain warm environment.• If cardiac arrest, follow appropriate cardiac arrest protocols.• Rapid transport.	<ul style="list-style-type: none">• IV of NS.• If cardiac arrest, follow appropriate cardiac arrest protocols.• Rapid transport.

DOCUMENTATION

- Passive external rewarming (clothing removed, covered with blankets).
- Mental status documented; if AMS, IV of NS initiated.

PRECAUTIONS AND COMMENTS

- May need prolonged palpation/observation to detect pulse and respirations.
- Bradycardia is normal and should not be treated. Even very slow rates may be sufficient for metabolic demands. CPR is indicated for asystole and ventricular fibrillation, although defibrillation and other treatments may not be effective until patient is rewarmed.
- Hypothermia patient should not be determined "dead" until rewarmed or determined dead by other criteria.
- Heat packs with temperature > 110 degrees Fahrenheit should not be used to rewarm patient because of risk of burning skin.
- Excessive movement of the patient may precipitate ventricular fibrillation: Use caution while performing advanced airway management.
- Frost bite: DO NOT rub or apply hot packs in the field situation. Avoid thaw and refreeze.