

HYPOTHERMIA

APPROVED: Gregory Gilbert, MD EMS Medical Director
Nancy Lapolla EMS Director

DATE: July 2018

Information Needed:

- Length of exposure
- Air temperature, water temperature, wind velocity
- Was patient wet or dry?
- History and time of change in mental status
- Medical history: trauma, alcohol, tranquilizers, medical problems (e.g. diabetes)

Objective Findings:

- Altered Mental Status
- Shivering
- Note patient's temperature if possible
- Evidence of local injury: blanching, blistering, erythema of extremities, ears, nose

Treatment:

- Routine Medical Care
- Spinal precautions as necessary
- Remove all wet clothing: dry patient, cover with blankets to prevent further heat loss
- Maintain a warm environment
- IV access
- Cardiac monitoring
- Oxygen as indicated
- For pain from isolated frostbite, see Interim Adult and Pediatric Pain Assessment and Management protocols (June 2018)

Precautions and Comments:

- May need prolonged observation to detect pulse and respirations
- Presenting temperature is less important than cardiovascular status; place patient on cardiac monitor first
- Bradycardia is normal and should not be treated. Even very slow rates may be sufficient for metabolic demand
- CPR is indicated for asystole and ventricular fibrillation, although defibrillation and other treatments may not be effective until the patient is rewarmed. Consider a trial of CPR, defibrillation, advanced airway and cardiotoxic drugs. If no response, continue chest compressions and ventilation and transport patient

- Hypothermic patients should not be determined “dead” until rewarmed or determined dead by other criteria other than undetectable pulse and respiration
- Heat packs with temperatures greater than 110° F should not be used to rewarm patient because of risk of burning skin
- Use extreme caution when moving the patient. Excessive movement of the patient and intubation have been known to precipitate ventricular fibrillation
- Frost bite: do not rub or apply hot packs in the field situation. Avoid thaw and refreeze
- Be aware that wet clothing may not always feel wet to the touch in a very cold environment
- Patients who have stopped shivering may be profoundly hypothermic