Pearls

- Check an initial temperature and repeat every 15 minutes while actively cooling.
- Extremes of age are more prone to heat emergencies. Obtain and document the patient temperature and location taken.
- Salicylates, antipsychotics, and some recreational drugs may elevate body temperature.
- Sweating generally disappears as body temperature rises above 104°F.
- Active cooling includes: Removal of bulky clothing; wetting patient with water; and air conditioning/fanning; ice packs to the axilla, groin, and neck.
- Intense shivering may occur as a patient is cooled. Stop cooling treatment until shivering stops.
- Seizures may occur with heat stroke; treat seizures per seizure treatment guideline.
- With mild symptoms of heat exhaustion, movement to a cooler environment and fanning may suffice. Increasing symptoms merit more aggressive cooling measures.

San Mateo County Emergency Medical Services

Pediatric Hyperthermia

For environmental exposure causing hyperthermia (e.g., heat exhaustion and heat stroke); drugs may also be a contributing factor.

**History**
- Exposure to increased temperatures, humidity, or extreme physical exertion
- Time and length of exposure or last seen
- Fatigue or muscle cramping
- Poor oral intake of fluids
- Past medical history
- Medications

**Signs and Symptoms**
- AMS
- Hot, dry, and/or sweaty skin
- Hypotension or shock
- Seizures
- Nausea

**Differential**
- Fever/Sepsis
- Hyperthyroidism
- Drug-induced hyperthermia (NMS – Neuroleptic Malignant syndrome)
- Heat cramps
- Heat exhaustion
- Heat stroke

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