

Hypothermia – Adult & Pediatric 2.11

EMT STANDING ORDERS - ADULT & PEDIATRIC

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- Routine Patient Care.
- Avoid rough movement and excess activity.
- Prevent further heat loss:
 - Insulate from the ground and shield from wind/water.
 - Move to a warm environment.
 - Gently remove any wet clothing and dry patient.
 - Cover with warm blankets including the head and neck.
- If unresponsive, obtain esophageal or rectal temperature, if feasible.
- Obtain blood glucose.
- Maintain horizontal position.
- Apply truncal warm packs.
- Consider covering the patient's mouth and nose with a surgical mask to prevent respiratory heat loss.
- A minimum of 45 – 60 second assessment of respirations and pulse is necessary to confirm respiratory arrest or cardiac arrest.
- If pulse and breathing are present, continue rewarming techniques.
- If pulse and breathing are absent, start CPR see [Cardiac Arrest Protocols 3.2](#).

ADVANCED EMT - ADULT ONLY

PARAMEDIC STANDING ORDERS – ADULT & PEDIATRIC

A/P

- Warm IV 0.9% NaCl 38°C - 42°C (101.4°F – 107.6°F) should be used.
- If pulse and breathing are absent and esophageal or rectal temperature is <32°C (89.6°F):
 - Continue CPR.
 - Give IV medications based on dysrhythmia (consider increasing the dosing time to allow drugs to circulate).
 - Defibrillation as indicated.

STAGE: I Core Temp Treatment:	Conscious, shivering 35 to 32°C Warm environment and clothing, warm sweet drinks, and active movement (if possible).
STAGE: II Core Temp Treatment:	Impaired consciousness, not shivering <32 to 28°C Cardiac monitoring, minimal and cautious movements to avoid arrhythmias, horizontal position and immobilization, full-body insulation, active external and minimally invasive rewarming techniques (warm environment; chemical, electrical, or forced- air heating packs or blankets; warm parenteral fluids).
STAGE: III Core Temp Treatment:	Unconscious, not shivering, vital signs present <28 to 24°C HT II management plus airway management as required; ECMO or CPB in cases with cardiac instability that is refractory to medical management.
STAGE: IV Core Temp Treatment:	No vital signs <24°C HT II and III management plus CPR and up to three doses of epinephrine (at an intravenous or intraosseous dose of 1 mg) and defibrillation, with further dosing guided by clinical response; rewarming with ECMO or CPB (if available) or CPR with active external and alternative internal rewarming.

PEARLS:

- Patients with severe frost bite injury may benefit from urgent treatment with IV TPA at a burn center.
- Most digital thermometers will not read below 35°C (95°F).
- Hypothermic patients are often significantly dehydrated, and may require repeat fluid boluses.
- Transportation with continuing CPR may be justified if hypothermia is present or suspected.
- Patients with Stage III or IV hypothermia may benefit from treatment at a facility capable of ExtraCorporeal Membrane Oxygenation (ECMO) or CardioPulmonary Bypass (CPB).