

**SECTION: M-09**

**PROTOCOL TITLE: Dehydration and Rehab**

**REVISED: November 1, 2017**

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**GENERAL COMMENTS:** The treat and release portion of this protocol is intended for recreational events, sport/athletic calls and similar scenarios. In general the EMT/Paramedic should not apply it to other patients without careful consideration.

If a patient has an altered mental status, marked hyperthermia, or other priority symptom(s), then follow other more appropriate protocols.

**BLS SPECIFIC CARE: See adult General Medical Care Protocol M-1**

Oral Re-hydration:

- Obtain orthostatic V/S and assessments
- Obtain a temperature, if possible. Cool as needed
- Initiate oral re-hydration if feasible (water, ½ strength Gatorade or similar drink, no caffeine) until minimum 1000 ml (1 liter, approx 32 ounces) and signs and symptoms resolve for a minimum of 15-20 minutes
- Encourage rest, and cooling of body temperature to a normothermic level

*Criteria for release without medical control contact (need all 3)*

- BP and HR:
  - Systolic: < 160 and > 90
  - Diastolic: < 100
  - HR: <100 per minute
- Subjective and Objective findings:
  - All initial complaints are resolved for 15-20 minutes
  - All complaints on initial contact have been completely assessed
  - No priority s/s( e.g.: chest discomfort, SOB, altered mental status)
  - No ALS care required
- Documentation:
  - Further treatment/transport offered and declined, refusal is signed

**AEMT/O.M. SPECIFIC CARE: See adult General Medical Care Protocol M-1**

- Consider feasibility of oral hydration (if patient is stable) instead of IV access

**ALS SPECIFIC CARE: See adult General Medical Care Protocol M-1**

Protocol

M-09

Adult Dehydration and Rehab