

SECTION: M-12

PROTOCOL TITLE: Adult Heat Emergencies

REVISED: November 01, 2020

General Comments: Normothermia is 95.1 – 100.3. Hyperthermia is technically temperatures in excess of this range, although classification of severity is based on clinical symptoms rather than absolute ranges. This protocol is for patients who have suspected heat injury due to environmental, situational, or toxicological reasons, and should be used only with caution in those with fever and hyperthermia from other causes (i.e. Fever).

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

- Remove from cause of heat injury to a cool place and promote heat loss as appropriate.
- Encourage rest, and cooling of body temperature to a normothermic level
- Obtain a full set of vital signs. V/S's should include temperature
- Evaluate for presence of orthostatic hypotension
- Initiate oral re-hydration if feasible (water, 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.
- Position patient as appropriate
 - Move patient to a cool area if possible
- Obtain temperature, core temp if unresponsive
 - Initiate *passive cooling* for temperature < 103 F or 39.5 C
 - initiate *active cooling* for significant hyperthermia for temperature > 103 F or 39.5 C
- Consider orthostatic vital signs
- Criteria for release without medical control contact
 - Subjective and objective findings:
 - All initial complaints are resolved for 15-20 minutes. If patient is presenting without complaint in a rehab situation, minimal monitoring time for cooling is 15-20 minutes
 - All complaints on initial contact have been completely assessed
 - No priority S/S (chest discomfort, SOB, altered mental status)
 - *No ALS care is required*
 - Objective Findings (need all 3)
 - RR < 20 Minute
 - Systolic :< 160 and > 100
 - Diastolic: < 100
 - HR: <110 per minute
 - Able to ambulate at baseline
- Documentation
 - Further transport is offered and declined, a refusal is signed

Protocol M-12

ADULT HEAT EMERGENCIES

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
- Treat hypotension aggressively with IV crystalloid up to 1000 ml. Hold for s/s of CHF/pulmonary edema or CHF History

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

- Assess and treat underlying disorder

PHYSICIAN PEARLS:

In healthy, stable and alert patients, gradual oral rehydration is generally considered equivalent or even superior to IV rehydration.