

Treatment:

1. Treat per Universal Patient Care.
2. ABCs. Allow up to 45 seconds to confirm respiratory arrest, pulseless cardiac arrest or bradycardia that is profound enough to require CPR.
3. Handle gently and remove wet clothing. Patients are at high risk for cardiac dysrhythmias which can be precipitated by jostling movements.
4. Prevent further heat loss/wind chill
5. Monitor core temperature and cardiac rhythm
6. Administer warmed IV fluids. If fluid warmer is unavailable, can wrap IV tubing around warming packs.

FOR PATIENT IN CARDIAC ARREST

1. VF/Pulseless VT/Asystole/Pulseless Electrical Activity
 - a. Begin CPR
 - b. Defibrillate VF/VT once @ 200J biphasic or equivalent monophasic setting.
 - c. Place advanced airway and ventilate with warm, humid **Oxygen** if possible.
 - d. Establish IV/IO access
 - e. If patient is $<30^{\circ}\text{C}$ (86°F), can administer one dose of epinephrine but withhold other IV/IO medications
 - f. As patient is warming and is $>30^{\circ}\text{C}$ (86°F), give IV meds prn at longer than standard intervals and repeat defibrillation as core temp rises until normothermic.
 - g. Infuse warm lactated ringers or normal saline.
2. Frozen Tissue/Lifeless
 - a. Consider declaring death in the field if cause of cardiac arrest is clearly attributable to lethal injury, fatal illness, prolonged asphyxia, or if the chest is incompressible. In some circumstances, victims of hypothermic cardiac arrest can have excellent neurologic outcomes even with prolonged resuscitations. If in doubt, consult OLMC for directions.

FOR PERFUSING PATIENTS:

1. Monitor ECG and pulse oximetry.
2. Handle patient gently to avoid VF
3. Warm patient as required:
 - a. Heated blankets
 - b. Warm environment
 - c. Warm air
 - d. Warm IV fluids
 - e. Warm packs

NOTES & PRECAUTIONS:

- A. At-risks groups for hypothermia include trauma victims, alcohol and drug abuse patients, homeless persons, elderly, low income families, infants and small children, and entrapped patients.

- B. Hypothermia may be preceded by other disorders (alcohol, trauma, OD) look for and treat any underlying conditions while treating the hypothermia.
- C. The hypothermic heart may be unresponsive to cardiovascular drugs, pacer stimulation or defibrillation.