

TREATMENT:

- A. Treat per Universal Patient Care.
- B. Move patient to a cool environment
- C. Remove clothing and begin cooling measures that maximize evaporation. (Spray bottle with tepid water, cool wipes, fans)
- D. Start IV/IO **Lactated Ringers or Normal Saline** and adjust rate as needed. Do not overload the patient.
- E. Give PO fluids (Gatorade®, etc) if alert
- F. If blood pressure is less than 100 mmHg systolic, treat per Shock Protocol.

NOTES & PRECAUTIONS:

- A. Heat stroke is a medical emergency characterized by hyperthermia with altered mental status. Differentiate from heat cramps or heat exhaustion. Be aware that heat exhaustion can progress to heat stroke.
- B. Wet sheets over a patient without good airflow will increase temperature and should be avoided.
- C. Do not let cooling measures in the field delay transport unless at a facility where immediate cold water immersion is available (e.g. sporting event with onsite athletic trainers and ice bath). Contact OLMC for this consideration.
- D. Suspect hyperthermia in patients with altered mental status or seizures on a hot, humid day and elderly patients in a hot environment.
- E. Consider sepsis and/or contagious disease. Examine patient for rashes or blotches on the skin or nuchal rigidity.

DOCUMENT:

History of onset, sweating, patient's temperature, recent infection/illness, medical history, medications and allergies, detailed assessment, neurological status, GCS, temperature, response to treatment, amount of IV fluids, VS, signs and symptoms, and cardiac rhythm.