

## Heat Cramps/Heat Exhaustion

### EMT:

- 1) Vital signs and secondary survey, as indicated.
- 2) Core temperature with thermometer.
- 3) Move patient to cooler environment and remove their excess clothing.
- 4) Tepid compression to forehead, neck, axillae, groin, and extremities.
- 5) Oral fluids (water, Gatorade, etc.).
- 6) Transport ASAP

### AEMT/PARAMEDIC:

As above

- 7) Cardiac monitor
- 8) **Isotonic Solution IV** if unable to take oral fluids or hypotensive. Trial volume infusion.

**(End)**

## Heat Stroke

### EMT:

- 1) Vital signs and secondary survey, as indicated.
- 2) Core temperature with thermometer. >103.0°F (39.5°C)
  - A) Move patient to cooler environment and remove their clothing. Cool aggressively with wet sheets, cool packs, and/or evaporative airflow.
- 3) Treat seizures, arrhythmias, or unconsciousness per appropriate protocol.
- 4) **O<sub>2</sub> 4 – 6 Liters Nasal Cannula** Maintain pulse ox between 94% and 96% switch to NRB 10-15 Liters if needed. Be prepared to assist ventilations if needed.
- 5) Transport ASAP

### AEMT:

As above

- 6) **Isotonic Solution IV 20ml/kg IV bolus**, unless pulmonary edema develops.
- 7) If airway is patent with BVM and adjunct continue if unable to maintain airway place **King Airway** without interrupting CPR.

### PARAMEDIC

As above

- 8) Cardiac monitor
- 9) If King airway in place / attach end tidal CO<sub>2</sub> monitoring (confirm oxygenation & ventilation) if not Intubate Patient if patient respirations are less than 8 per minute.

**(End)**

## HYPOTHERMIA

### EMT:

- 1) Hypothermic patients should always be handled gently because tactile stimulation may precipitate arrhythmias and/or cause tissue damage.
- 2) Oxygenate with 100% O<sub>2</sub>. Assist ventilation, as necessary.
- 3) CPR if no pulse
- 4) **Defibrillator/Cardiac Monitor \***
- 5) Vital signs and secondary survey
- 6) Core temperature with low-read thermometer.
- 7) **FIELD REWARMING PROCEDURES:**
  - A) Cut away patient's wet clothing.
  - B) Wrap patient in warm blankets and keep in warm vehicle.
  - C) If available, apply heat-packs to head, neck, chest, axillae, and groin.
- 8) Transport ASAP

### AEMT

As above

- 9) If airway is patent with BVM and adjunct continue if unable to maintain airway Place **King Airway** without interrupting CPR.
- 10) **Isotonic Solution IV warmed 20 ml/kg bolus.**
- 11) **UNCONSCIOUS PATIENT:**
  - A) Blood glucose < 60,
  - B) **D50W 25 gm IV.** AEMT only
  - C) **Narcan 2.0 mg. IV.** AEMT only

### PARAMEDIC

As above

- 12) Cardiac Monitor
- 13) If King airway in place/attach end tidal CO<sub>2</sub> monitoring (confirm oxygenation & ventilation) if not Intubate Patient if patient respirations are less than 8 per minute.
- 14) If Treat arrhythmia's appropriately. \*\*

\* Core temp is below 30°C limit shocks to 3 attempts until warmed.

\*\* Give Meds at longer intervals.

**(End)**

# Frostbite

## EMT/AEMT/PARAMEDIC:

- 1) Gentle assessment. (Cellular ice crystal damage may result from rough handling.)
- 2) Protect patient from further exposure.
- 3) Remove frozen, wet, or restrictive clothing from patient.
- 4) Protect damaged areas with loose, dry, sterile dressings. (Be prepared to splint.)
- 5) Do not allow patient to use affected areas.
- 6) Permit only gradual warming by room temperature out of hospital.
- 7) All PARAMEDIC procedures are used, as needed, and appropriate protocols are followed.

**(End)**

# Near Drowning

If rescue needed, immediately notify Shoshone County Sheriff's Office

## EMT:

- 1) Take spinal precautions.
- 2) Oxygenate with 100% O2. Assist ventilation, as necessary.
- 3) Monitor pulse oximetry, if available
- 4) Core temperature with low read thermometer.
- 5) All near-drowning patients should be transported to a hospital for evaluation.
- 6) In cases of cold-water drowning, do not abandon resuscitative efforts until all ALS measures have been tried and patient's core temperature has been normalized. In extended underwater time, contact Medical Control for concurrence with no resuscitation.

## AEMT:

As above

- 7) **Isotonic Solution IV.**
- 8) If airway is patent with BVM and adjunct continue if unable to maintain airway place **King Airway** without interrupting CPR.

## PARAMEDIC

As above

- 9) Cardiac monitor
- 10) If King airway in place/attach end tidal CO2 monitoring (confirm oxygenation & ventilation) if not Intubate Patient if patient respirations are less than 8 per minute.

**(End)**