


Initial Date: 5/31/2012

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## **Heat Emergencies**

1. Follow **General Pre-hospital Care-Treatment Protocol**.
2. Pediatric patients ( $\leq 14$  years of age) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol
3. Determine history/evidence of heat exposure.
-  4. Check blood glucose (may be MFR skill, see **Blood Glucose Testing-Procedure Protocol**) and treat hypoglycemia per **Adult or Pediatric Altered Mental Status-Treatment Protocol**.




### HEAT CRAMPS:

1. Move the patient to a cool environment and attempt oral liquids (may use commercial sports/rehydration).

### HEAT EXHAUSTION:

1. Move the patient to a cool environment.
2. Remove tight clothing.
3. Cool patient, provide air conditioning/fanning. Avoid chilling/shivering.
-  4. Obtain IV/IO Access and administer fluid bolus **NS** or **LR** wide open (refer to **Vascular Access and IV Fluid Therapy-Procedure Protocol**).
  - a. Adults ( $\geq 14$  years of age): up to 1 liter
  -  b. Pediatrics ( $<14$  years of age): up to 20 mL/kg
5. Patient may take oral fluid replacement rather than IV if no nausea. Allow oral intake of cool fluids or water (may use commercial sports/rehydration drinks). Do not permit patient to drink if altered mental status, abdominal pain, or nausea. Avoid carbonated, alcoholic and caffeinated beverages.
6. Treat nausea according to **Nausea/Vomiting-Treatment Protocol**.

### HEAT STROKE:

1. Move the patient to a cool environment.
2. Remove tight clothing.
3. Immediate cooling – provide air conditioning and fanning. Avoid chilling/shivering.
4. Place patient in semi-reclining position with head elevated.
-  5. Obtain IV/IO Access and administer fluid bolus **NS** or **LR** wide open (refer to **Vascular Access and IV Fluid Therapy-Procedure Protocol**).
  - a. Adults ( $\geq 14$  years of age): up to 1 liter
  -  b. Pediatrics ( $<14$  years of age): up to 20 mL/kg
7. Treat nausea according to **Nausea/Vomiting-Treatment Protocol**.
-  8. Initiation of aggressive cooling may take priority over transport. Contact Medical Control for further cooling and transport guidance.


### MANAGEMENT OF PATIENT WITH EXERTIONAL HEAT STROKE

1. Cool as quickly as possible via ice or cool-water immersion, if possible. Alternative means, such as continually misting the exposed skin with tepid water while fanning the victim, may be used if immersion is not possible.

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- a. Cool as much of the body as possible, especially the torso.
  2. Cool first, transport second when possible.
  - ③ 3. Obtain IV/IO Access (consider resting the patient's arm on the side of immersion tub to start IV while patient is still immersed) and administer fluid bolus **NS** or **LR** wide open (refer to **Vascular Access and IV Fluid Therapy-Procedure Protocol**).
    - a. Adults ( $\geq 14$  years of age): up to 1 liter
    -  b. Pediatrics (<14 years of age): up to 20 mL/kg
  4. If patient experiences seizures, refer to **Adult or Pediatric Seizure-Treatment Protocol**.
  - ④ 5. Monitor ECG (lead cables can go in the water).

Protocol Source/References: NASEMSO CLINICAL GUIDELINES