

Treatment Protocols**Date: 07/01/2025*****Heat Illness/Hyperthermia*****Policy #9120A**

Stable Blood pressure >90 mmHg	Unstable Systolic blood pressure <90 mmHg, and/or signs of poor perfusion
Adult BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Give oxygen and/or ventilate PRN per Airway Policy • Monitor O2 saturation PRN • Capnography • Remove patient from dangerous environment • Blood glucose PRN <p><u>Heat Exhaustion (Not Altered)</u></p> <ul style="list-style-type: none"> • Loosen or remove clothing • Cool gradually (spraying with tepid water and fanning); avoid shivering • If alert and no nausea, give small amounts of cool liquids by mouth • Obtain baseline temperature 	<ul style="list-style-type: none"> • Universal Patient Protocol • Give oxygen and/or ventilate PRN per Airway Policy • Monitor O2 saturation PRN • Capnography • Remove patient from dangerous environment • Blood glucose PRN <p><u>Heat Stroke (Altered Mental Status)</u></p> <ul style="list-style-type: none"> • Remove clothing • Implement rapid cooling measures, ice packs to axilla, groin, neck area • Flush or spray with tepid water, fan patient • Avoid shivering • Obtain baseline temperature
Adult LALS Standing Orders	
<ul style="list-style-type: none"> • Establish IV PRN • Capnography <p><u>Heat Exhaustion</u></p> <ul style="list-style-type: none"> • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL 	<ul style="list-style-type: none"> • Establish IV • Capnography <p><u>Heat Stroke</u></p> <ul style="list-style-type: none"> • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg
Adult ALS Standing Orders	
<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO PRN • Capnography <p><u>Heat Exhaustion</u></p> <ul style="list-style-type: none"> • NS 500-1,000 mL IV/IO MR x 1 to a max of 2,000 mL 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography <p><u>Heat Stroke</u></p> <ul style="list-style-type: none"> • NS 500-1,000 mL IV/IO MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg
Adult Base Hospital Orders	
	<ul style="list-style-type: none"> • BH – Push-dose epinephrine per Shock Protocol
Notes:	
<ul style="list-style-type: none"> • Always consider medical sources for hyperthermia such as: <ul style="list-style-type: none"> ○ Sepsis or infection ○ Intoxication or medication overdose (ex: serotonin syndrome) • Remove warming factors if possible 	

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APPROVED:

SIGNATURE ON FILE – 07/01/25

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