

Treatment Protocols**Date: 07/01/2023*****Heat Illness/Hyperthermia*****Policy #9120A**

| Stable Blood pressure >90 mmHg | Unstable Systolic blood pressure <90 mmHg, and/or signs of poor perfusion |
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| 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 • Remove patient from dangerous environment • Blood glucose PRN <u>Heat Exhaustion (Not Altered)</u> <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 • Remove patient from dangerous environment • Blood glucose PRN <u>Heat Stroke (Altered Mental Status)</u> <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 <u>Heat Exhaustion</u> <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 <u>Heat Stroke</u> <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 <u>Heat Exhaustion</u> <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 <u>Heat Stroke</u> <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 |

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- BH – Push-dose epinephrine per Shock Protocol

Notes:

- **Always consider medical sources for hyperthermia such as:**
 - Sepsis or infection
 - Intoxication or medication overdose (ex: serotonin syndrome)
- **Remove warming factors if possible**

APPROVED:

Signature on File

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