

Treatment Protocols**Date: 02/01/2021****Hypothermia****Policy #9110A****BLS Standing Orders**

- **Universal Patient Protocol**
- **Scene Safety**
- Assess and intervene on airway, provide oxygen and/or ventilate PRN per **Airway Policy**
- Monitor O2 saturation PRN
- Blood glucose PRN
- Remove patient from dangerous environment

Hypothermia

- Handle patient gently and avoid unnecessary movement
- Remove wet clothing
- Initiate gentle warming with blankets or warm packs
- Do not apply heat directly to the skin
- Insulate to prevent further heat loss

Frostbite

- Do not rewarm if any chance of re-freezing
- Rewarm gently, avoid trauma
- Thaw extremity until distal areas flush (20-50 min)
- Elevate extremity if frostbite is suspected
- Do not massage or rub affected extremity
- Wrap affected body part in dry, sterile gauze to prevent further exposure and handle with extreme care
- Separate affected digits with dry gauze

Hypothermic Cardiac Arrest

- See **Cardiac Arrest Protocol**

Adult LALS Standing Order Protocol

- Establish IV PRN

Hypothermia

- **NS 500-1,000 mL (warm) IV**, may repeat x two (2)

Adult ALS Standing Order Protocol

- Establish IO PRN
- Continuous monitor: ECG, EtCO2 Monitor, blood pressure and pulse oximetry
- Insert ETT PRN **Airway Policy**

Frostbite

- Refer to **Pain Management Protocol** PRN

Adult Base Hospital Orders**Frostbite**

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Hypothermia

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BH: Additional pain medication dosing
Notes:
<ul style="list-style-type: none">• Hypothermia can occur at any time of year and in any age group• The especially old and young are at the highest risk• Remember scene safety and the avoidance of putting yourself at risk

APPROVED:

Signature on File

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