

Treatment Protocols

Date: 02/01/2021

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 • 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 as indicated per Airway Policy • Monitor continuous oxygen, capnography (if ALS present), ECG, and pulse oximetry • 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 axillae, groin, cervical area • Flush or spray with tepid water, fan patient • Avoid shivering • Obtain baseline temperature
Adult LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV PRN <p><u>Heat Exhaustion</u></p> <ul style="list-style-type: none"> • NS 0.9% 500 mL IV (if clear lungs). May repeat SO to maximum of 2,000 mL 	<ul style="list-style-type: none"> • Establish IV <p><u>Heat Stroke</u></p> <ul style="list-style-type: none"> • NS 0.9% 500 mL IV (if clear lungs). May repeat SO to maximum of 2,000 mL
Adult ALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV PRN • Monitor continuous oxygen, capnography (if ALS present), ECG, and pulse oximetry 	<ul style="list-style-type: none"> • Monitor continuous oxygen, capnography, ECG, and pulse oximetry • Insert ETT airway PRN per Airway Policy • Establish IO
Adult Base Hospital Orders	
	<ul style="list-style-type: none"> • BH- Dopamine 400 mg/250mL NS, run at 10-20 mcg/kg/min; titrate to SBP 90 mm Hg
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 these factors if possible 	

APPROVED:

Signature on File

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