

SECTION: M-12

PROTOCOL TITLE: Adult Heat Emergencies

REVISED: November 1, 2017

BLS SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Remove from cause of heat injury to a cool place
- Obtain a full set of vital signs
 - V/S's should include temperature
 - Evaluate for presence of orthostatic hypotension
- Promote cooling; initiate active cooling for significant hyperthermia for temperature > 103 F or 39.5 C
- Position patient as appropriate
 - Move patient to a cool area if possible
- Initiate passive cooling for temperature < 103 F or 39.5 C
- Obtain temperature, core temp if unresponsive
- Consider orthostatic vital signs
- Encourage rest, and cooling of body temperature to a normothermic level
- Initiate oral re-hydration if feasible (water, ½ strength Gatorade or similar drink, no caffeine) until minimum 1000 ml (1 liter, approx 32 ounces) and signs and symptoms resolve for a minimum of 15-20 minutes. *Criteria for release without medical control contact (need all 3)*
- BP and HR
 - Systolic :< 160 and > 90
 - Diastolic: < 100
 - HR: <100 per minute
- Subjective and objective findings:
 - All initial complaints are resolved for 15-20 minutes. If patient is presenting without complaint in a rehab situation, minimal monitoring time for cooling is 15-20 minutes
 - All complaints on initial contact have been completely assessed
 - No priority S/S (chest discomfort, SOB, altered mental status)
 - *No ALS care is required*
- Documentation
 - Further transport is offered and declined, a refusal is signed

AEMT/O.M. SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Consider feasibility of oral hydration (if patient is stable) instead of IV access
- Treat hypotension aggressively with IV crystalloid up to 1000 ml. Hold for s/s of CHF/pulmonary edema or CHF History

Protocol M-12

ADULT HEAT EMERGENCIES

ALS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

- Assess and treat underlying disorder

PHYSICIAN PEARLS: