



Treatment Protocol

4304

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| Policy: Heat Illness / Hyperthermia | Effective April 1, 2018 | Expires March 31, 2019 |
| | Approval: Medical Director Reza Vaezazizi, MD | Signed |
| Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System | Approval: REMSA Director Bruce Barton | Signed |

Enter from the Universal Patient Treatment Protocol
For specific Patient Disposition, Emergency Stabilization or Patient Management of Heat Illness / Hyperthermia

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| P | E | A | P |
| S | M | E | M |
| P | T | M | |

Pertinent Findings

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|--|---|--|--|
| Environment Hot Humid Physical exertion Dehydration Electrolyte depletion Medication use: Anticholinergics Antihistamines Neuroleptics Stimulants | History Heat intolerance Lack of acclimatization Physical exertion / physically unfit Allergies, illness, infection Sickle cell trait/disease Elderly Thyroid disorder Medication use Prescribed MAOIs or SSRIs Use of ecstasy, LSD, PCP, cocaine Recent general anesthesia | Physical Normal mental status Headache, nausea and vomiting Malaise, muscle cramps, exhaustion Tachypnea, tachycardia, normotension Skin signs may vary Shivering Hypotension Altered mental status Bizarre behavior, combative Syncope, seizures or coma | Differential Heat cramps Heat exhaustion Heat stroke Thyroid storm Excited delirium Malignant hyperthermia Alcohol, Epilepsy, Insulin, Overdose, Uremia, Trauma, Temperature, Infection, Psychosis, Stroke |
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Emergency Stabilization or Patient Management

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| Remove from heat: Shade and expose Wet constantly with tepid water, fan, and encourage evaporative cooling but avoid causing shivering Move to air conditioned environment | P | E | A | P |
| Obtain baseline temperature and note method: tympanic, temporal, axillary, or touch | S | M | E | M |
| Obtain and evaluate blood glucose when AEMT or paramedic is present | P | T | M | |
| Cool 0.9% Normal Saline IV/IO bolus For heat illness / hyperthermia See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat as clinically indicated | | | A | P |
| Apply cold packs to anterior neck, armpits, and groin For heat illness / hyperthermia Re-assess temperature frequently Discontinue cooling as clinically indicated to avoid causing shivering | | | E | M |

B

B



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|--|-------------|-------------|------------------|--------|
| Return to Universal Patient Treatment Protocol <i>For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management</i> | P S P | E M T | A E M T | P M |
|--|-------------|-------------|------------------|--------|

| ***** ***** Base Hospital Orders ***** ***** | | | | |
|--|--|-------------|------------------|--------|
| Initiate, repeat, or modify standing orders within scope of practice As ordered For heat illness / hyperthermia | | E M T | A E M T | P M |
| Albuterol HHN or in-line with a ventilatory device As ordered For suspected hyperkalemia associated with heat illness / hyperthermia | | | A E M T | P M |
| Calcium Chloride 10% As ordered For suspected hyperkalemia associated with heat illness / hyperthermia | | | | P M |
| Midazolam (may substitute Lorazepam or Diazepam) As ordered For shivering associated with heat illness / hyperthermia | | | | P M |
| Sodium Bicarbonate 8.4% As ordered For suspected rhabdomyolysis and/or hyperkalemia associated with heat illness / hyperthermia | | | | P M |
| Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination As ordered Mode of transport is an operational decision | | E M T | A E M T | P M |