



Treatment Protocol

4305

Policy: Frostbite / Hypothermia	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 Emergency Stabilization or Patient Management of Frostbite / Hypothermia

P	E	A	P
S	M	E	M
P	T	M	

Pertinent Findings

Environment <i>Heat loss through:</i> Evaporation Conduction Convection Radiation <i>Water immersion</i> Cold <i>Inadequate:</i> Clothing Shelter	History <i>Environmental exposure</i> Neonate, pediatric, geriatric Severe malnutrition, hypoglycemia Alcoholism, mental illness, homelessness Trauma, stroke, or overdose Hypothyroid, hypopituitary, or sepsis Use of: Alcohol, analgesics, anesthetics, antihistamines, sedatives, etc. Over cooling of: Burns, heat illness, hyperthermia	Physical <i>Shivering and chills</i> Tachypnea Altered mental status: Irritability, poor judgment, slurred speech, impaired coordination, apathy, removing clothing, stupor, coma Frostbite Arrhythmia Hypoventilation and bradycardia Pupils dilated and sluggish to fixed Cardiac arrest	Differential Alcohol Epilepsy Insulin Overdose Uremia Trauma Temperature Infection Psychosis Stroke
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Emergency Stabilization or Patient Management

<i>Rough handling may precipitate cardiac arrhythmia in the severely hypothermic patient</i> Remove from cold: Remove wet clothing and dry Wrap and cover with warm, dry blankets Move to heated environment Individually wrap, cover, and protect areas of cold injured tissue; do not rub Obtain baseline temperature and note method: tympanic, temporal, axillary, or touch	P	E	A	P
Obtain and evaluate blood glucose when AEMT or paramedic is present		E	A	P
Warm 0.9% Normal Saline IV/IO bolus For hypothermia See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat as clinically indicated				P

B

B

Emergency Stabilization or Patient Management <i>(continued)</i>			
<p>Morphine Sulfate slow IV/IO push or IM (may substitute Fentanyl slow IV/IO push or IM/IN) For pain associated with frostbite While systolic BP remains greater than 90 mmHg See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat once</p> <p><u>Further repetition requires a base hospital order (BHO)</u> <u>Administration of more than one opioid requires a base hospital physician order (BHPO)</u></p>			P M

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 *****				
<p>Initiate, repeat, or modify standing orders within scope of practice As ordered</p> <p>Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination As ordered</p> <p>Mode of transport is an operational decision</p>		E M T	A E M T	P M