

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Hypothermic Emergencies
Protocol**

Injury and illness from environmental exposure varies depending on the *manner* of exposure (wet or dry) and the *amount* of exposure (time, temperature, wind chill factor, and ambient air). Cold weather emergencies range from localized frostbite to severe hypothermia with unresponsiveness and unconsciousness.

The patient's health and predisposing factors may increase the likelihood of environmental illness and injury. Patients suffering from trauma, shock, hypoglycemia and stroke are at greater risk of developing hypothermia. Newborns, infants, drug & alcohol abuse patients and the elderly have increased predisposition to hypothermia. The primary goal in the treatment of the patient at risk for hypothermia is to insulate the patient and prevent further heat loss.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Handle the patient as *gently* as possible.
3. Create a warm environment for the patient. Remove wet or frozen clothing and cover the patient with warm blankets. Prevent re-exposure to cold. Warm packs may be utilized for the neck (posterior), armpits, groin and along the thorax.
4. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
5. Do not rub frostbitten or frozen body parts. Protect injured parts (*e.g.* blisters) with light, sterile dressings and avoid pressure to the area.

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BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Handle the patient as *gently* as possible.
3. Create a warm environment for the patient. Remove wet or frozen clothing and cover the patient with warm blankets. Prevent re-exposure to cold. Warm packs may be utilized for the neck (posterior), armpits, groin and along the thorax.
4. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
5. Do not rub frostbitten or frozen body parts. Protect injured parts (*e.g.* blisters) with light, sterile dressings and avoid pressure to the area.
6. Treat other symptoms per the appropriate protocol.
7. Initiate ALS intercept if needed and transport as soon as possible.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Handle the patient as *gently* as possible.
3. Create a warm environment for the patient. Remove wet or frozen clothing and cover the patient with warm blankets. Prevent re-exposure to cold. Warm packs may be utilized for the neck (posterior), armpits, groin and along the thorax.

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ILS Care (continued)

4. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
5. **IV Fluid Therapy:** 500mL fluid bolus of warmed .9% Normal Saline.
6. Do not rub frostbitten or frozen body parts. Protect injured parts (e.g. blisters) with light, sterile dressings and avoid pressure to the area.
7. Treat other symptoms per the appropriate protocol.
8. Initiate ALS intercept if needed and transport as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. Handle the patient as *gently* as possible.
3. Create a warm environment for the patient. Remove wet or frozen clothing and cover the patient with warm blankets. Prevent re-exposure to cold. Warm packs may be utilized for the neck (posterior), armpits, groin and along the thorax.
4. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask. Be prepared to support the patient's respirations with BVM if necessary.
5. **IV Fluid Therapy:** 500mL fluid bolus of warmed .9% Normal Saline.
6. Do not rub frostbitten or frozen body parts. Protect injured parts (e.g. blisters) with light, sterile dressings and avoid pressure to the area.

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ALS Care (continued)

7. Treat other symptoms per the appropriate protocol.
8. Transport as soon as possible.

Critical Thinking Elements

- Do not thaw frozen parts in the field if there is a chance of refreezing. Protect frostbitten areas from refreezing.
- Patients with hypothermia should be considered at high risk for ventricular fibrillation. It is imperative that these patients be handled gently and not re-warmed aggressively.
- The presence of delirium, bradycardia, hypotension and/or cyanosis is usually indicative of severe hypothermia (core body temperature of less than 90 degrees Fahrenheit).