NORTH COAST EMERGENCY SERVICES

POLICIES AND PROCEDURES

POLICY # Draft Page 1 of 2

Subject:

Heat and Cold Emergencies Treatment Policies

Ι.		Defini	tions	
1.	А.	Heat Cramps/Heat Exhaustion: Cramping of the most worked muscles following replacement of exertion induced fluid losses (sweating) with water, exhaustion, fatigue, flu-like symptoms, normal/slightly elevated body temperature, normal mental status with clear lungs.		
	В.	Heat Stroke: Triad of exposure to heat stress, altered mental status, and elevated body temperature (usually above 104°F or 40°C); often associated with tachycardia, hypotension, and the absence of sweating.		
	C. D.	Moderate Hypothermia: Conscious and shivering, lethargic, pale, and cold skin. Severe Hypothermia: Stuporous or comatose, dilated pupils, hypotension, bradycardic or pulseless, and slow to absent respirations.		
II. E	II. Basic Life Support (All Providers)			
	А. В. С. D.	Protect patient from further environmental exposure. Remove any heavy, constricting, or wet clothing. Heat-related illness:		
	E.	 Provide cooling measures such as an ice pack. Cold-related illness: Provide passive warming measures such as a hot pack or additional blankets. 		
.		Advanced Life Support		
	Α.	Cold-related illness: 1. Consider administering warm NS fluid bolus IV as indicated.		
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		Adult	Pediatric (less than 14 years of age)	
	A. B.	Adult Heat Cramps: 1. Consider NS fluid bolus 250 ml IV as indicated. a. Reassess vital signs every 250 ml to ensure lung sounds remain clear. b. May repeat to a max volume of 1 L. Heat Stroke: 1. Cool the patient. 2. Administer NS fluid bolus 10 ml/kg IV. a. Reassess vital signs every 250 ml to ensure lung sounds remain clear. b. May repeat to a max volume of 2 L. 3. If seizures present, refer to <i>treatment</i>		
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VII.	Cross Reference		
A. General Medical Care	Policy No. 7001		
B. Seizures	Policy No. 7402		
C. Pain Management	Policy No. 7305		