

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

ENVIRONMENTAL HYPERTHERMIA

FIRST RESPONDER

I. Management

- A. Establish and maintain the airway, provide oxygenation and support ventilation.
- B. Obtain vital signs (blood pressure, pulse and respiratory rate).
- C. Move patient to a cool area.
- D. Remove restrictive clothing.
- E. **UNSTABLE PATIENT WITH HEAT STROKE¹**
 - 1. Immediately initiate aggressive cooling
 - a. Cold/Wet Sheet with adequate air movement
 - b. Air conditioning with good ventilation
 - c. Misting of cool water
 - d. Ice packs in axilla, neck and groin
 - e. **DO NOT** use alcohol to attempt cooling²
- F. **PATIENT WITH SIGNS OF HEAT EXHAUSTION³**
 - 1. If possible, give patient oral fluids.
 - 2. Allow patient to rest.
- G. **PATIENT WITH HEAT CRAMPS⁴**
 - 1. Move patient to cool area to rest.
 - 2. If possible, give oral fluids.
- H. Arrange for ALS intercept, if necessary

BASIC LIFE SUPPORT

- I. Initiate transport toward ALS intercept, if transporting unit.
- J. Obtain patients core temperature⁵

NOTIFY RECEIVING FACILITY

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ADVANCED LIFE SUPPORT


- K. Monitor EKG
- L. **IV NORMAL SALINE @ TKO.**
 - 1. Administer fluid bolus **200cc** , with repeated as needed, titrating to signs of adequate perfusion.
- M. If **patient experiences seizures**, refer to Seizure Parameter.

CONTACT MEDICAL CONTROL

- N. Possible orders post radio contact:
 - 1. Additional IV fluids.

¹ Definition of Heat stroke = Skin is red, hot and dry, core temp > 102 degrees.
² Alcohol can cause the body to be chilled to quickly causing shivering and additional heat production.
³ Signs of Heat exhaustion = Pallor, diaphoresis, generalized weakness and patient remaining alert.
⁴ Heat Cramps = Sudden development of severe cramps of the abdominal or skeletal muscles.
⁵ Primary method should be rectal, axillary is acceptable if rectal is not feasible.

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