

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**HYPOTHERMIA/FROSTBITE**

**FIRST RESPONDER**

**I. Management**

- A. **Ensure careful, gentle handling of the patient.**<sup>1</sup>
- B. Establish and maintain the airway, provide oxygenation and support ventilation.
- C. Obtain vital signs (blood pressure, pulse and respiratory rate).
- D. If pulse is **absent**, refer to appropriate General Management of Cardiac Arrest Parameter.
  1. If frozen solid and no signs of life, refer to Management of Dead on Scene Parameter.
- E. If pulse is **present**, continue with this parameter.
- F. Remove wet or constrictive clothes from patient. Keep skin dry, wrap in blankets and protect from wind exposure.
- G. Do not allow limb to thaw if there is chance that limb may re-freeze before evacuation is complete or if patient must walk to transportation.
- H. Dress injured areas lightly in clean cloth to protect from pressure, trauma or friction. Do not rub or break blisters.

**BASIC LIFE SUPPORT**

- I. Arrange for ALS intercept, if necessary
- J. Initiate transport toward ALS intercept, if transporting unit.
- K. Transport in warmed patient compartment, monitoring patient closely.
- L. Frostbitten areas should be supported and elevated during transport. *Page 2 of 2*
- M. Obtain patients core temperature<sup>2</sup>

**ADVANCED LIFE SUPPORT**

**NOTIFY RECEIVING FACILITY**

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- N. Monitor EKG
- O. **IV NORMAL SALINE @ TKO. Use warm IV fluids, if possible.**

**CONTACT MEDICAL CONTROL**

- P. Possible orders post radio contact:
  - 1. Pain management

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<sup>1</sup> Unnecessary rough handling may stimulate the return of cool blood and acids from the extremities to the core. This causes an “afterdrop” core temperature decreases and may induce cardiac arrhythmias.

<sup>2</sup> Primary method should be rectal, axillary is acceptable if rectal is not feasible.

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Medical Director

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