

Hyperthermia | Heat Exposure

Hyperthermia increases heart demand and can cause dysrhythmias, acute MI, and heart failure. Monitor closely.

Routine Medical Care / Trauma Care

- Include temperature & CBG
- Apply cardiac monitor
- Look for associated injuries/illnesses
- Consider *Spinal Motion Restriction*, if needed

Move victim to a cool or shaded area
Remove clothing and loosen restrictive garments
Apply cold packs to the axilla, groin, and posterior neck

Heat Exhaustion

- Normal mentation
- Elevated body temperature
- Cool, moist skin
- Headache
- Generalized weakness
- Nausea/Vomiting
- Possible syncope
- Aches in legs or abdomen (i.e. heat cramps)

PO Fluids¹
as tolerated

Crystalloid Fluid
if unable to tolerate PO
500mL IV/IO prn (max 2L)
Goal: MAP \geq 65 or as clinically indicated for dehydration

Differential Diagnosis

Hyperactive Delirium with severe agitation
Delirium Tremens (DTs)
Hyperthyroid Storm
Fever/Infection
Exercise/Exertion
Neuroleptic Malignant Syndrome (often due to antipsychotics)
Sympathomimetic OD (ex. cocaine, amphetamines)
Anticholinergic Toxidrome (ex. antihistamine OD)
CNS lesion/tumor

Contact Medical Control if additional orders are needed

Heat Stroke

- Altered L.O.C.
- Very high body temperature (likely $> 104^{\circ}\text{F}$)
- Hot, dry skin
- Sweating may have stopped
- Tachypnea
- Hypotension
- Seizures
- Coma

Evaporative Cooling

- Fan the patient
- Mist skin with tepid H₂O

Crystalloid Fluid
500mL IV/IO PRN, Max of 2L
Goal: MAP \geq 65 or as clinically indicated for dehydration

Look for other causes of altered LOC
using **Altered Mental Status** protocol³

¹ PO fluids of choice are sports drinks/products with electrolytes

² Treat generalized seizures with benzodiazepines as outlined in **Seizure** protocol

³ Cooling effort should continue until body temperature is less than 102.2°F (39°C) and patient displays improvement in mental status. Further cooling risks inducing overshoot hypothermia.