Heat Emergencies

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol**.
2. Determine history/evidence of heat exposure.

EMT/SPECIALIST/PARAMEDIC

3. Check blood glucose and treat hypoglycemia per **Altered Mental Status Protocol**.

HEAT CRAMPS:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Move the patient to a cool environment and attempt oral liquids.
2. Contact Medical Control.

HEAT EXHAUSTION:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Move the patient to a cool environment.
2. Remove Tight Clothing.
3. Cool patient, provide air conditioning/fanning. Avoid chilling/shivering.

SPECIALIST/PARAMEDIC

4. NS IV/IO fluid bolus up to 1 liter, wide open.
   A. Patient may take oral fluid replacement rather than IV if no nausea. Allow oral intake of cool fluids or water (may use commercial sports/rehydration drinks). Do not permit patient to drink if altered mental status, abdominal pain or nausea. Avoid carbonated, alcoholic and caffeinated beverages.

EMT/SPECIALIST/PARAMEDIC

5. Contact Medical Control.

HEAT STROKE:

MFR/EMT/SPECIALIST/PARAMEDIC

1. Move the patient to a cool environment.
2. Remove tight clothing.
3. Immediate cooling – provide air conditioning and fanning. Avoid chilling/shivering.
4. Place patient in semi-reclining position with head elevated.

SPECIALIST/PARAMEDIC

5. NS IV/IO fluid bolus up to 1 liter, wide open, repeat as indicated.

EMT/SPECIALIST/PARAMEDIC

6. Contact Medical Control.

MANAGEMENT OF PATIENT WITH EXERTIONAL HEAT STROKE

7. Cool as quickly as possible via ice or cool-water immersion, if possible. Alternative means such as water dousing may be used if immersion is not possible, dousing is not as effective.
    A. Cool as much of the body as possible, especially the torso.
8. **Cool first, transport second when possible.**

SPECIALIST/PARAMEDIC

9. Obtain vascular access; consider resting the patient's arm on the side of immersion tub to start IV while patient is still immersed.
10. If patient experiences seizures, refer to **Seizures Protocol**.

PARAMEDIC

11. Monitor ECG (lead cables can go in the water).

Follow **General Pre-hospital Care Protocol**
Determine history/evidence of HEAT exposure
Check blood glucose and treat hypoglycemia per **Altered Mental Status Protocol**

Heat Cramps

Move patient to cool environment and attempt oral liquids

Contact Medical Control

Heat Exhaustion

- Move patient to cool environment
- Remove tight clothing
- Cool patient
- Provide air conditioning & fanning.
- Avoid chilling/shivering

NS IV/IO fluid bolus up to 1 liter, wide open

- Patient may take oral fluid replacement rather than IV if no nausea. Allow oral intake of cool fluids or water (may use commercial sports/rehydration drinks). Do not permit patient to drink if altered mental status, abdominal pain or nausea. Avoid carbonated, alcoholic and caffeinated beverages.

Contact Medical Control

Heat Stroke

- Move patient to cool environment
- Remove tight clothing
- Immediate cooling
- Provide air conditioning & fanning.
- Avoid chilling/shivering.
- Place patient in semi-reclining position with head elevated

NS IV/IO fluid bolus up to 1 liter, wide open, repeat as indicated

Contact Medical Control

External Heat Stroke

- Cool as quickly as possible via ice or cool-water immersion, if possible.
- Alternative means such as water dousing may be used if immersion is not possible, dousing is not as effective.
- Cool as much of the body as possible, especially the torso.
- **Cool first, transport second when possible.**

- Obtain vascular access; consider resting patient's arm on side of immersion tub to start IV while patient is immersed.
- If patient experiences seizures refer to **Seizures Protocol**

Monitor ECG (lead cables can go in water)