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Executive Director

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Medical Director

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HYPOTHERMIA

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Patients with mild hypothermia will not be comatose due to that illness. They will often be mildly confused or sleepy. Mental status may be more depressed if intoxication, head injury, shock, ketoacidosis or stroke have caused secondary mild hypothermia.

STANDING ORDERS

ABC's

Mild Hypothermia (Verbally responsive or GCS greater than or equal to 12)

WARMING MEASURES: Remove wet clothing and cover patient with warm dry blankets.
OXYGEN: Warmed humidified oxygen, if available.
MONITOR: Treat rhythm as appropriate.
IV ACCESS Warm IV fluid, rate as indicated.

CONSIDER

DRAW BLOOD SAMPLE: Test for glucose.
DEXTROSE: 25 gms IV push – if blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes. Give oral glucose solution to patients who are awake and have an intact gag reflex.
GLUCAGON: 1 unit IM – if no IV access immediately available and blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
NALOXONE: 2 mg SQ/IM/IV/ET only if respiratory rate less than 10/minute or systolic BP less than 90 AND narcotic overdose is suspected, (e.g. pin-point pupils, track marks, drug paraphernalia, history of narcotic use, etc.). May repeat once in 3 minutes SQ/IM/IV/ET if respiratory rate less than 10/minute persists or reoccurs.

STANDING ORDERS CONTINUED NEXT PAGE

STANDING ORDERS CONTINUED

Severe Hypothermia (Non-verbal or GCS less than or equal to 12)

WARMING MEASURES:	Remove wet clothing and cover patient with warm dry blankets.
SECURE AIRWAY:	As appropriate. Intubate only if absolutely necessary . Spontaneous ventilations of 4-6 per minute may be adequate. Confirm tube placement, if intubated, with end-tidal CO ₂ device and esophageal detector device. Monitor intubated patients with continuous waveform capnography if available.
OXYGEN:	Warmed humidified oxygen.
MONITOR:	Observe rhythm and pulses for one minute - if organized rhythm present, move gently . Treat dysrhythmias as appropriate.
IV ACCESS:	Warm IV fluid, rate as indicated. Most severely hypothermic patients are volume-depleted.
CONSIDER	
DRAW BLOOD SAMPLE:	Test for glucose.
DEXTROSE:	25 gms IV push – if blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes. Give oral glucose solution to patients who are awake and have an intact gag reflex.
GLUCAGON:	1 unit IM – if no IV access immediately available and blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
NALOXONE:	2 mg SQ/IM/IV/ET only if respiratory rate less than 10/minute or systolic BP less than 90 AND narcotic overdose is suspected, (e.g. pin-point pupils, track marks, drug paraphernalia, history of narcotic use, etc.). May repeat once in 3 minutes SQ/IM/IV/ET if respiratory than less than 10/minute persists or reoccurs.
CARDIAC ARREST:	Severe bradycardia with pulses requires no antiarrhythmic therapy. Give only one dose of each drug during cardiac arrest, but continue normal CPR and defibrillation attempts