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Executive Director

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Medical Director

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HEAT ILLNESS (ADULT)

- 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:

Heat Exhaustion: Muscle cramping, fatigue, nausea, headache, normal or slightly elevated body temperature. Syncope or dizziness is almost universal.

Heat Stroke: Persistently altered level of consciousness and elevated body temperature (usually greater than 104° F or 40 C), tachycardia and hypotension. Sweating is variable.

STANDING ORDERS

Heat Exhaustion

COOLING MEASURES Place patient in a cool environment.

OXYGEN

IV ACCESS TKO If systolic BP less than 90 mmHg, give 250 ml fluid boluses until systolic BP 90-100. Reassess the patient after each bolus.

Heat Stroke

COOLING MEASURES Remove heavy or insulating clothing and splash patient with water. Place ice packs on head, neck and in axilla and inguinal areas. Promote cooling by fanning. Use all available cooling measures.

OXYGEN

IV ACCESS Two 14-16 gauge. If systolic BP less than 90 mmHg, give 250 ml fluid boluses until systolic BP 90-100. Reassess the patient after each bolus.

CONSIDER

DRAW BLOOD SAMPLE Test for glucose.

DEXTROSE 25 gm IV push - if blood glucose is less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.

GLUCAGON 1 mg IM - if blood glucose is less than 75 mg/dl and no IV access immediately available. May repeat once. Recheck blood glucose in 5 minutes.

MIDAZOLAM If seizing 2.0 mg initial dose IV push. Titrate in 1.0 mg increments for seizure control (maximum dose: 6 mg). If unable to establish IV after one attempt, give 5 mg IM. May repeat once in 10 minutes if seizures continue.