

APPROVED: Signature On File In EMS Office
 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 a patient treatment standard for EMT-Is and Paramedics within their scope of practice.
- 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 has caused secondary mild hypothermia.

STANDING ORDERS

MILD HYPOTHERMIA

Verbally responsive or GCS less than or equal to 12

ASSESS	CAB
WARMING MEASURES	Remove wet clothing and cover patient with warm dry blankets.
OXYGEN	Oxygen delivery as appropriate
MONITOR	Treat rhythm as appropriate.
IV ACCESS	Warm IV fluid, rate as indicated.
CONSIDER	
ACCUCHECK	Test for glucose
DEXTROSE	25 gms IV push – if blood glucose less than 60 mg/dl. May repeat once. Recheck blood sugar 5 minutes after each dose. 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 60 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
NALOXONE	2 mg IN (IV/IM if IN not available), only if respiratory rate less than 10/minute or systolic BP less than 90mmHg AND narcotic overdose is suspected: pinpoint pupils, track marks, drug paraphernalia, or history of narcotic use. May repeat ONCE in 3 minutes if inadequate response Narcan must be administered before intubating a symptomatic narcotic overdose

STANDING ORDERS CONTINUED NEXT PAGE

STANDING ORDERS CONTINUED

SEVERE HYPOTHERMIA

Verbally responsive or GCS greater than or equal to 12

ASSESS	CAB
WARMING MEASURES	Remove wet clothing and cover patient with warm dry blankets. *Sudden movement to patient may cause life-threatening arrhythmia*
SECURE AIRWAY	Intubate only if absolutely necessary . Spontaneous ventilations of 4-6 per minute may be adequate. Use the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00
OXYGEN	Oxygen delivery as appropriate.
MONITOR	Observe rhythm and pulses for one minute - if organized rhythm present, move gently . Treat dysrhythmias as appropriate. Severe bradycardia with pulses requires no antiarrhythmic therapy.
IV/IO ACCESS	Warm IV fluid, rate as indicated. Most severely hypothermic patients are volume-depleted.
	CONSIDER
ACCUCHECK	Test for glucose
DEXTROSE	25 gms IV/IO push – if blood glucose less than 60 mg/dl. May repeat once. Recheck Blood Sugar in 5 minutes after each dose. 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 60 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
NALOXONE	2 mg IN (IV/IM/IO if IN not available), only if respiratory rate less than 10/minute or systolic BP less than 90mmHg AND narcotic overdose is suspected: pinpoint pupils, track marks, drug paraphernalia, or history of narcotic use. May repeat ONCE in 3 minutes if inadequate response
CARDIAC ARREST	Narcan must be administered before intubating a symptomatic narcotic overdose. Give only one dose of each drug during cardiac arrest, but continue normal CPR and defibrillation attempts.