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 Executive Director

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 Medical Director

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HEAT ILLNESS

- 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:

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	
ASSESS	CAB
COOLING MEASURES	Place patient in a cool environment.
OXYGEN	Oxygen delivery as appropriate.
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	
ASSESS	CAB
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	Oxygen delivery as appropriate.
IV/IO 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	
ACCUCHECK	Test for glucose.
DEXTROSE	25 gm IV/IO push - if blood glucose is less than 60 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
GLUCAGON	1 mg IM - if blood glucose is less than 60 mg/dl and no IV/IO access immediately available. May repeat once. Recheck blood glucose in 5 minutes.
MIDAZOLAM	If seizing 2mg initial dose IV/IO push. Titrate in 1mg increments for seizure control (maximum dose: 6mg). If unable to establish IV/IO after one attempt, give 5mg IM. May repeat once in 10 minutes if seizures continue.