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Medical Director

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**HYPOTHERMIA - PEDIATRIC**

- 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 EMTs 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 have caused secondary mild hypothermia.

<b>STANDING ORDERS</b>	
<b>MILD HYPOTHERMIA</b> (88-95 F. / 31-35 C)	
<b>ASSESS</b>	CAB
<b>WARMING MEASURES</b>	Remove wet clothing and cover patient with warm dry, blankets.
<b>OXYGEN</b>	Warmed, humidified oxygen, if available.
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>IV ACCESS</b>	Warm IV fluid, TKO with microdrip tubing and volume control chamber. Avoid cold fluids.
<b>CONSIDER</b>	
<b>ACCUCHECK</b>	Test for glucose.
<b>DEXTROSE</b>	If blood glucose less than 60mg/dl: D50W 1 ml/kg IV/IO for patient over 2 years or D25W 2 ml/kg IV/IO for patients under 2 years. May repeat once. Give oral glucose solution to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.
<b>GLUCAGON</b>	0.05 mg/kg IM - if blood glucose less than 60 mg/dl and no IV/IO access immediately available. May repeat once. Recheck blood glucose in 5 minutes.
<b>NALOXONE</b>	0.1 mg/kg IV/IM, only if respiratory rate less than 10/minute or systolic BP below Broselow tape target, AND narcotic overdose is suspected, (i.e. pin-point pupils, track marks, drug paraphernalia, history of narcotic use, etc.) May repeat once in 3 minutes IM/IV, if respiratory rate less than 10/minute persists or reoccurs.
<b>STANDING ORDERS CONTINUED NEXT PAGE</b>	

**STANDING ORDERS CONTINUED**

**SEVERE HYPOTHERMIA**

(less than 88 F / less than 31C)

<b>ASSESS</b>	CAB
<b>WARMING MEASURES</b>	Remove wet clothing and cover patient with warm dry, blankets.
<b>SECURE AIRWAY</b>	As appropriate. Intubate <b>only if absolutely necessary</b> . Spontaneous ventilations of 4-6 per minute may be adequate. Consider intubation only if unable to establish adequate ventilation and oxygenation using a BVM. Refer to General Procedures Protocol 554.00.
<b>OXYGEN</b>	Warm, humidified oxygen.
<b>MONITOR</b>	Observe rhythm and pulses for one minute - if organized rhythm present <b>move gently</b> . Treat dysrhythmia as appropriate.
<b>IV/IO ACCESS</b>	Warm IV fluid, TKO with microdrip tubing and volume control chamber. Avoid cold fluids.
<b>CONSIDER</b>	
<b>ACCUCHECK</b>	Test for glucose.
<b>DEXTROSE</b>	If blood glucose less than 60 mg/dl: D50W 1 ml/kg IV/IO for patient over 2 yrs or D25W 2 ml/kg IV/IO for patients under 2 years. May repeat once. Give oral glucose solution to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.
<b>GLUCAGON</b>	0.05 mg/kg IM - if blood glucose less than 60 mg/dl and no IV/IO access immediately available. May repeat once. Recheck blood glucose in 5 minutes.
<b>NALOXONE</b>	0.1 mg/kg IV/IM, only if respiratory rate less than 10/minute or systolic BP below Broselow tape target, AND narcotic overdose is suspected, (i.e. pin-point pupils, track marks, drug paraphernalia, history of narcotic use, etc.) May repeat once in 3 minutes IM/IV, if respiratory rate less than 10/minute persists or reoccurs.
<b>CARDIAC ARREST</b>	Severe bradycardia with pulses requires no arrhythmic therapy. Give only one dose of each drug during cardiac arrest, but continue normal CPR and defibrillation attempts.