



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
THERMAL DISORDERS (ADULT/ADOLESCENT)

#: BH-E-25
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Date: 04/01/2017

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact

Hypothermia:

1. For patients presenting with pain when BP greater than 90 systolic:
 - ▶ May give Fentanyl 50 mcg IV/IM (or 100mcg IN) or Morphine Sulfate 5 mg IV repeat once after 3 minutes for continued pain if systolic BP greater than 90 (maximum total dose of Fentanyl 200 mcg, Morphine 20 mg).

ALS STANDING ORDER

Hypothermia:

Not in Cardiac Arrest:

1. Initiate active warming as available; remove any wet clothing and cover to conserve body heat.
2. Cardiac monitor, document rhythm
3. Expect slow heart rate and weak pulse; do not attempt to reverse bradycardia in field.
4. Transport to nearest ERC.

Apparent Cardiac Arrest and Not Obviously Dead:

1. Monitor pulse for 30-45 seconds before initiating CPR.
 - ▶ If no pulse detected, treat using cardiac arrest SO (SO-C-10).
2. Assist ventilation with bag-valve-mask, avoid hyperventilation.
3. Initiate active warming as available; remove any wet clothing and cover to conserve body heat.
4. If further orders required for patient stabilization, contact Base Hospital.
5. Do not pronounce in field; ALS escort to nearest ERC.

Approved:

Review Dates: 11/16
Final Date for Implementation: 04/01/2017
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Hyperthermia:

1. If presenting with altered level of consciousness, obtain blood glucose in addition to initiating Normal Saline bolus.

ALS STANDING ORDER

Hyperthermia:

Mild/Moderate (manifested by conscious with malaise, tachycardia, nausea-vomiting):

1. Move from heat source to a cool (shaded) open area with good air flow. If fan is available provide breeze directly onto victim.
2. Encourage oral intake of water or balanced salt solution (sports drink without caffeine or other stimulants such as ginseng, gotu kola or guarana)
3. Apply passive cooling measures, such a cool, soaked towels or ice packs as tolerated.

Severe (manifested by confusion or altered level of consciousness; or hot, dry skin; or hypotension):

1. Pulse oximetry, if room air oxygen saturation less than 95%:
 - ▶ High flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.
2. If hypotensive or signs of poor perfusion and lungs clear to auscultation (no evidence CHF):
 - ▶ Establish IV access
 - ▶ Infuse 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.
3. Active or passive cooling measures as available (ice or cold packs to axilla, posterior neck, and groin areas; active fan air breeze with skin modestly exposed).
4. If further orders required for stabilization, contact Base Hospital.
5. ALS escort to nearest appropriate ERC.

Approved: