

Treatment:

1. Treat per Universal Patient Care.
2. ABCs. Allow up to 45 seconds to confirm respiratory arrest, pulseless cardiac arrest or bradycardia that is profound enough to require CPR.
3. Handle gently and remove wet clothing.
4. Prevent further heat loss/wind chill.
5. Monitor core temperature and cardiac rhythm.
6. Patients with severe hypothermia (core temp $<30^{\circ}\text{C}$ (86°F)) may need internal rewarming. Contact Medical Control for direction.

FOR PATIENT IN CARDIAC ARREST

1. VF/Pulseless VT/Asystole/Pulseless Electrical Activity
 - a. Begin CPR
 - b. Defibrillate VF/VT once @ 200J biphasic or equivalent monophasic setting.
 - c. Intubate and ventilate with warm, humid **Oxygen** if possible.
 - d. Establish IV/IO access
 - e. If patient is $<30^{\circ}\text{C}$ (86°F), withhold IV/IO meds and further defib attempts.
 - f. As patient is warming and is $>30^{\circ}\text{C}$ (86°F), give IV meds prn at longer than standard intervals and repeat defibrillation as core temp rises until normothermic.
 - g. Infuse warm normal saline.
2. Frozen Tissue/Lifeless
 - a. Consider declaring death in the field. If in doubt, consult Medical Control for directions.

FOR PERFUSING PATIENTS:

1. Monitor ECG and pulse oximetry.
2. Handle patient gently to avoid VF.
3. Warm patient as required:
 - a. Heated blankets
 - b. Warm environment
 - c. Warm air
 - d. Warm IV fluids
 - e. Warm packs

NOTES & PRECAUTIONS:

- A. At-risks groups for hypothermia include trauma victims, alcohol and drug abuse patients, homeless persons, elderly, low-income families, infants and small children, and entrapped patients.
- B. Hypothermia may be preceded by other disorders (alcohol, trauma, OD) look for and treat any underlying conditions while treating the hypothermia.
- C. The hypothermic heart may be unresponsive to cardiovascular drugs, pacer stimulation or defibrillation.