

PROCESS GUIDE: Exposure 1. Heat Exhaustion and 2. Heat Stroke

Definition:

1. Heat exhaustions is a mild to moderate illness caused by water or salt depletion, that results from exposure to high heat or strenuous physical exercise.
2. Heatstroke is a severe illness where a person's temperature is greater than 40°C, and the person is experiencing delirium (confusion), convulsions, or coma, resulting from exposure to high heat or strenuous physical exercise

Identify



KNOW THE SIGNS

HEAT EXHAUSTION



- Headaches
- Nausea and vomiting
- Fatigue, weakness and restlessness
- Thirsty
- Anxiety
- Poor coordination
- Weak, rapid pulse
- Sweating heavily
- Raised body temperature

HEAT STROKE



- Headaches
- Nausea and vomiting
- Rapid pulse
- Extremely thirsty
- Dry, swollen tongue
- Disoriented, dizzy or delirious, slurred speech
- Body temperature more than 40°C
- Convulsions, seizures or coma
- May be sweating, skin may feel deceptively cool

WHAT TO DO

- > Lie down in shade or air-conditioning
- > Drink water
- > Cool compress or tea towel
- > Cool shower or bath

WHAT TO DO

- > Call 000 immediately
- > Reduce temperature until ambulance arrives

Assess

• Physiological Observations:

- Temperature
- Respiratory Rate
- Respiratory Effort
- O² Saturation
- Blood Pressure
- Heart Rate
- Level of Consciousness
- Skin inspection
- Blood Glucose Level

RN / CSM /
CCC

AC Assessments and Charts
Neuro Observations Chart, BGL Chart
Refer to MyStaff Room: Identifying and Managing the Deteriorating Resident and Client Policy and Relevant Clinical Guidelines

Monitor	<ul style="list-style-type: none"> Regular measurement and documentation of physiological observations Any rapid deterioration in condition should be treated with suspicion Reassess and update the resident's assessment and care plans as required 	RN / CSM / CCC	AC Assessments, Charts, Agreed Care Services Plan Progress Notes
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> RN to Implement appropriate care for the management of the resident's deterioration as per GP's order and as per ACD/ACP <input type="checkbox"/> Move the person out of the heat, place in cool area, sponge down with cold compress. Place cold compress over the centre of the body (chest, neck, head and groin) Use a fan to help cool the person <input type="checkbox"/> If the person is awake-offer small sips of cool water or ice chips. Do not give Panadol <p>Closely monitor the persons Airway in case the person vomits and aspirates</p>	RN / CSM / CCC	AC Agreed Care Services Plan ACD / ACP Refer to MyStaff Room: Identifying and Managing the Deteriorating Resident and Client Policy and Relevant Clinical Guidelines
Escalate	<ul style="list-style-type: none"> <input type="checkbox"/> The elderly person may deteriorate quickly as a result of both Heat Exhaustion and Heat Stroke therefore an Ambulance should be called. <p>GP to be notified of all incidents when an environmental exposure leading to either Heat Exhaustion or Heat Stroke.</p>	RN / CSM / CCC /	AC Assessments and Agreed Care Services Plan Hospital Transfer Form Progress Notes
Liaise	<ul style="list-style-type: none"> <input type="checkbox"/> RN to report the resident's deterioration directly and in a timely manner to the GP and Manager Senior person on duty ensure resident/ family/ authorised representative are notified of the resident's change in condition as soon as practicable. <input type="checkbox"/> Ensure communication with the resident/ family/ authorised representative is calm, clear, and respectful. <input type="checkbox"/> Ask them how they are feeling and respond accordingly. 	RN / CSM / CCC	AC Handover Progress Notes