


Section: Pediatric Medical
Subject: HEAT EMERGENCIES
Section #: 343.15
Issue Date: March 21, 2011
Revision Date: December 1, 2017
Approved By: 

Page 1 of 1

Michael Lozano, Jr., M.D., HCFR Medical Director

1. Heat Cramps:
 - a. Move the patient to a cool environment
 - b. Stretch the muscles involved
 - c. Give oral fluids as tolerated
2. Heat Exhaustion:
 - a. Move patient to cool environment
 - b. Avoid overcooling and subsequent hypothermia
 - c. Watch for signs of heat stroke developing
 - d. Hydration and cooling:
 - i. **Normal saline** 20 mL/kg IV/IO
 - ii. Cool saline if possible
 - iii. Give oral fluids as tolerated
 - e. Monitor for dysrhythmias
3. Heat Stroke (hyperthermia with neurologic signs or symptoms):
 - a. Move patient to cool environment
 - b. Immediately:
 - i. Remove clothing
 - ii. Cool patient with water and air conditioner
 - iii. Cool packs should be place in the axilla, neck, and groin regions
 - c. IV **normal saline** 20 mL/kg IV/IO:
 - i. Cool if possible
 - ii. Hydrate until capillary refill time is < 2 seconds
 - iii. Watch for seizures and precipitous cardiopulmonary arrest
 - iv. Monitor for dysrhythmias
4. QA Points:
 - a. Children with sickle cell anemia are more susceptible to suffer heat related emergencies than the general population.