

## Temple Frostbite fun facts

- 1) Patients that are < **24** hours from initiation of rewarming of frostbite and have not had rewarming/refreezing (freeze thaw cycles) injury might be amenable to TPA therapy.
  - a. Evaluate contraindications for TPA. If they qualify for TPA Consult **Burn Surgery. TPA can be administered in an ICU setting.**
  - b. Sometimes early amputation may be performed after SPECT CT, avoiding wait for the wounds to demarcate.
  - c. Patients with frost bite above the ankles, consult Burn for any likely BKA.
- 2) Patients with Frostbite are often complex with underlying medical conditions and ongoing social determinants of health challenges.
  - a. These patients are frequently admitted to the medical service with appropriate consultation. This will usually include:
  - b. Frostbite below the ankles, Consult Podiatric Medicine
  - c. Proximal to the ankles consult Burn
  - d. **Upper** extremities are managed by **both** Burn and Hand surgery.
    - i. **Consult Burn first** but Hand service will likely be involved if the frostbite extends proximal to the MCP's.
- 3) Soft tissue infection, necrotizing fasciitis and wet gangrene, even if caused by frostbite, need to be treated as the surgical emergency it is. Call ACS or Podiatry for urgent clearance of infection.
- 4) **In the ED rewarming should begin as soon as possible!**
  - a. A hot water bath, at 40 °C, is the preferred method of rewarming the frostbitten extremity
  - b. If a hot water bath is not available alternatives include:
    - i. The hot/ cold water blanket device we use for post code TTM, aka Stryker device set to 40°C
    - ii. The bear huger blanket set to 40° C wrapped around the frostbitten extremity and then a plastic sheet or garbage bag over that to keep the heat in.