

MOUNT SINAI MEDICAL CENTER
DEPARTMENTS OF EMERGENCY MEDICINE
MILD HYPOTHERMIA MANAGEMENT GUIDELINES

EFFECTIVE DATE

September 1, 2014

PURPOSE

To provide a process to expedite the timely identification and treatment of hypothermic patients in the Emergency Department. This guideline is not meant to be comprehensive, particularly for sicker patients; rather this document is designed to provide physicians and nurses a standardized basis for the initial treatment of mild hypothermia.

DEFINITIONS

Mild hypothermia: Core temperature 32 to 35°C

Moderate hypothermia: Core temperature 28 to 32°C

Severe hypothermia: Core temperature below 28°C

Temperatures in well-appearing patients should be made rectally. In sicker patients or patients undergoing invasive rewarming techniques, esophageal temperature probes are preferred.

GUIDELINES

1. Efforts should be made to identify why patients are hypothermic; environmental, CNS, septic, adrenal and thyroid-related causes should all be considered.
2. Unwell-appearing patients in mild hypothermia should be undressed completely and placed in a hospital gown.
3. Well appearing patients with mild hypothermia will often benefit from warmed blankets, whereas sicker patients in mild hypothermia typically will need more aggressive rewarming techniques such as forced air warming blankets (e.g. the Bair Hugger device).
4. Fingerstick glucose measurement, serum laboratory testing and ECG should be considered in all patients with mild hypothermia who otherwise do not appear well.
5. Under no circumstance should warmed IV fluid bags be placed on patients' skin or clothing in an attempt to rewarm patients.
6. Depending on presenting circumstances, patients with moderate or severe hypothermia should be resuscitated--including invasive rewarming techniques, ICU consultation consideration and CPR--until they reach a temperature between 32 to 35°C.