

- similar to those of the non-hypothermic patient
- ii. IV fluids, if administered, should be warmed, ideally to 42°C (107.6°F)
 - iii. Bolus therapy is preferable to continuous drip
 - h. If alterations in mental status, consider measuring blood glucose and treat as indicated (treat per [Hypoglycemia Guideline](#) or [Hyperglycemia Guideline](#)) and assess for other causes of alterations of mentation
 - i. Transport to a hospital capable of rewarming the patient
4. Moderate or severe hypothermia:
- a. Perform ABCs (Airway, Breathing, Circulation), pulse checks for patients suffering hypothermia should be performed for 60 seconds, and obtain core temperature, if possible, for patients exhibiting signs or symptoms of moderate/severe hypothermia
 - i. Core temperatures can be measured by esophageal probe, if one is available, the patient's airway is secured, and the clinician has been trained in its insertion and use.
 - ii. Rectal temperatures may also be used, with caution to avoid worsening the hypothermia by undressing the patient (e.g., done in a warm environment such as a heated ambulance)
 - iii. If neither esophageal nor rectal thermometers are available, an epi tympanic field thermometer with an isolating ear cap may be used, but is generally less accurate
 - b. Manage airway as needed
 - i. Care must be taken not to hyperventilate the patient as hypocarbia may reduce the threshold for ventricular fibrillation in the cold patient
 - ii. Indications and contraindications for advanced airway devices are similar in the hypothermic patient as in the normothermic patient
 - c. Prevent further heat loss by removing the patient from the environment and removing wet clothes and drying skin, insulate from the ground, shelter the patient from wind and wet conditions, and insulate the patient with dry clothing or a hypothermia wrap/blanket. Cover the patient with a vapor barrier and, if available, move the patient to a warm environment
 - d. Initiate field-rewarming methods such as placement of large heat packs or heat blankets (chemical or electric if feasible) to the anterior chest or wrapped around the patient's thorax if large enough
 - i. Chemical or electrical heat sources should never be applied directly to the skin
 - ii. Use a barrier between the skin and heat source to prevent burns
 - iii. Forced air warming blankets (e.g., Bair Hugger®) can be an effective field rewarming method if available
 - e. Handle the patient gently
 - i. Attempt to keep the patient in the horizontal position, especially limiting motion of the extremities to avoid increasing return of cold blood to the heart
 - ii. Once in a warm environment, clothing should be cut off (rather than removed by manipulating the extremities)
 - iii. Move the patient only when necessary, such as to remove the patient from the elements
 - f. Apply cardiac monitor or AED if available
 - g. Establish IV and provide warmed isotonic crystalloid bolus. Repeat as necessary
 - h. If alterations in mental status, consider measuring blood glucose and treat as indicated (treat per [Hypoglycemia Guideline](#) or [Hyperglycemia Guideline](#)) and assess