patient reaches 35°C (95°F), at which time, normal medication intervals may be adopted

7. Upon ROSC, treat per Adult Post-ROSC Care Guideline
8. Patients with severe hypothermia and arrest may benefit from resuscitation even after prolonged downtime, and survival with intact neurologic function has been observed even after prolonged resuscitation
   a. Patients should not be considered deceased until rewarming has been attempted
9. If a hypothermic patient clearly suffered cardiac arrest and subsequently became hypothermic afterward with prolonged down time between arrest and rescue, there is no rationale for initiating resuscitation and warming the patient

Pertinent Assessment Findings

1. Identification of associated traumatic injuries (when present)
2. Identification of localized freezing injuries
3. Patient core temperature (when available)

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01) *(for additional information, go to www.nemsis.org)*

- 9914023 – Environmental - Cold Exposure
- 9914025 – Environmental - Frostbite/Cold Injury
- 9914031 – Environmental - Hypothermia

Key Documentation Elements

- Duration of cold exposure
- Ambient temperature and recent range of temperatures
- Rewarming attempts or other therapies performed prior to EMS arrival
- Patient use of alcohol/drugs

Performance Measures

- Patient core temperature and means of measurement (when available)
- Presence of cardiac dysrhythmias
- Documentation of associated trauma (when present)
- Blood glucose level obtained
- ***National EMS Quality Alliance (NEMSQA) Performance Measures*** *(for additional information, see www.nemsqa.org)*
  - *Hypoglycemia—01: Treatment Administered for Hypoglycemia*
  - *Trauma—01: Pain Assessment of Injured Patients*

References

1. *Alaska Emergency Medical Services*. *State of Alaska Cold Injury Guidelines – 2014*. Anchorage, AK: Department of Health and Social Services, Division of Public Health; July 15, 2014.
2. Brown DJ, Brugger H, Boyd J, Paal P. Accidental Hypothermia. *NEJM.* 2012;367(2):1930–8
3. Casa DJ, DeMartini JK, Bergeron MF, Csillan D, Eichner ER, Lopez RM, Ferrara MS, Miller KC, O'Connor F, Sawka MN, Yeargin SW. National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. J Athl Train. 2015 Sep;50(9):986-1000.