b. Oral intake
c. Medications
d. Alcohol
e. Illicit drugs
f. Overdose
g. Withdrawal risk

2. Environmental Assessment:
   a. Ambient temperature and humidity
   b. Exertion level
   c. Length of time at risk
   d. Attire (clothing worn)
   e. Confined space
      i. **Pediatric Considerations:** Children left in cars who show signs of altered mental status and elevated body temperature should be presumed to have hyperthermia
3. Associated Symptoms:
   a. Cramps
   b. Headache
   c. Orthostatic symptoms
   d. Nausea
   e. Weakness
   f. Mental status changes, including
      i. Confusion
      ii. Coma
      iii. Seizures
      iv. Psychosis
4. Vital signs:
   a. Core temperature: usually 104°F or greater (if thermometer available)
   b. Skin:
      i. Flushed and hot
      ii. Dry or sweaty
      iii. Signs of first or second degree burns from sun exposure
   c. Other signs of poor perfusion/shock

Treatment and Interventions

1. Move victim to a cool area and shield from the sun or any external heat source
2. Remove as much clothing as is practical and loosen any restrictive garments
3. If alert and oriented, give small sips of cool liquids
4. If altered mental status, check blood glucose level
5. Manage airway as indicated
6. Place on cardiac monitor and record ongoing vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment)
7. If core temperature is greater than 104°F (40°C) or if altered mental status is present, begin active cooling by:
   a. Ice bath immersion provides the most rapid cooling mechanism
   b. If ice bath immersion is not available, consider the following:
      i. Tarp-assisted cooling with oscillation
      ii. Rotating ice water-soaked towels or sheets