a. Attention to any associated injury or illness
b. Duration of cold exposure
c. Ambient temperature
d. Treatments initiated before EMS arrival

3. There are several means to categorize the severity of hypothermia based on either core body temperature readings or clinical evaluation. If possible and reliable, EMS clinicians should perform core body temperature measurements and categorize patients into one of the three follow levels of hypothermia:
   a. **Mild**: 32.1°–35°C/89.8°–95°F
   b. **Moderate**: 28.1°–32°C/82.5°–89.7°F
   c. **Severe**: 24°–28°C/75.2°–82.4°F
   d. **Profound**: less than 24°C (75.2°F)
4. Equally important is the patient's clinical presentation and the signs or symptoms the patient is experiencing — the above temperature-based categorization should be balanced against these clinical findings
   a. **Mild**: vital signs not depressed; normal mental status; shivering is preserved; body maintains the ability to attempt to control temperature
   b. **Moderate/Severe**: progressive bradycardia, hypotension, and decreased respirations, alterations in mental status with eventual coma, shivering will be lost in moderate hypothermia (generally between 30°–31°C (86°-87.8°F), and general slowing of bodily functions; the body loses the ability to thermo-regulate

Treatment and Interventions

1. Maintain patient and rescuer safety
2. Manage airway per the Airway Management Guideline
3. Mild hypothermia:
   a. Remove the patient from the environment and prevent further heat loss by 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
   b. Hypothermic patients have decreased oxygen needs and may not require supplemental oxygen
      i. If oxygen is deemed necessary, it should be warmed to a maximum temperature between 40°–42°C (104°–108°F) and humidified if possible
   c. Provide beverages or foods containing glucose if feasible and patient is awake and able to manage airway independently
   d. Vigorous shivering can substantially increase heat production — shivering should be fueled by caloric replacement
   e. Consider 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 — forced air warming blankets (e.g., Bair Hugger®) can be an effective field rewarming method if available
   f. Monitor frequently — if temperature or level of consciousness decreases, refer to severe hypothermia
   g. Consider IV access
      i. Indications for IV access and IV fluids in the mildly hypothermic patient are