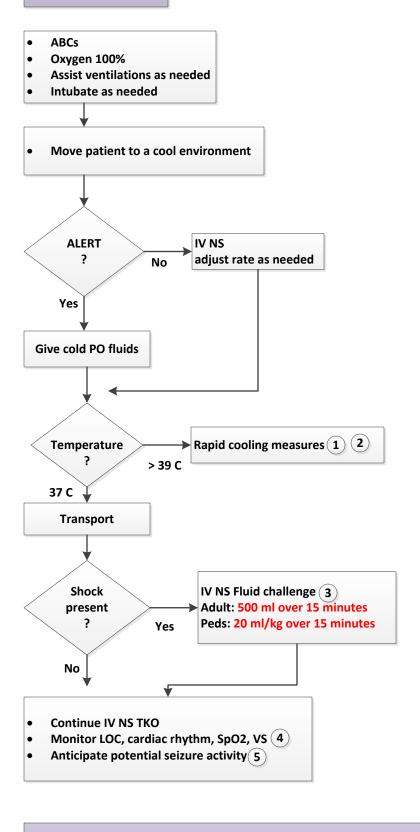
## Hyperthermia



## **Heat Illness:**

- may be viewed as a continuum of illnesses relating to the body's inability to cope with heat. It includes minor illnesses, such as heat edema, heat rash (ie prickly heat), heat cramps and tetany.

## **Heat Exhaustion:**

- characterized by nonspecific symptoms such as malaise, headache, and nausea. The core temperature is between 37 C (98.6 F) and 40 C (104 F). You may also see confusion, hypotension, oliguria, tachycardia.

## **Heat Stroke:**

- characterized by hot, dry skin, as peripheral vasoconstriction often is present. Signs of central nervous system dysfunction such as irritability, ataxia, and confusion are essential to the diagnosis of heatstroke. Coma and seizures may develop. Temperatures may range from 40 C – 44 C ( 104 F – 111 F).

- 1. Remove clothing, cover with cool, wet sheet, mist, fan, place ice packs behind patients neck, axillae and groin. Infuse cooled Normal Saline. Guard against shivering may need to give benzodiazepines and or paralytics if intubated. Cool body temp of 38 C (100.4 F)
- 2. Antipyretics such as aspirin and acetaminophen should be avoided because of their potential to aggravate the coagulopathy and liver injury of heatstroke.
- 3. Monitor patient response to IV fluids closely. BP will usually return to normal quickly. Fluid resuscitation should be titrated to clinical endpoints of optimal heart rate, urine output, and blood pressure.
- 4. Refer to Rhabdomyolysis Protocol
- **5. See Seizure Protocol**