

Frostbite

- ABCs
- Oxygen 100%
- Assist Ventilations prn
- Check Blood glucose

- Remove patient from cold environment
- Remove jewelry and wet and restrictive clothing
- Cover with warm dry blankets
- Avoid rubbing the affected area with warm hands or snow ① ②

Core Temperature
< 36 C/96.8F

Yes

- Core Warming only ③
- See Hypothermia Protocol

No

- Immobilize affected area
- Splint as needed, avoid pressure on affected part

Significant
Pain ?

Yes

Consider:
Fentanyl 50- 100 mcg IV over one minute prn
or
Morphine 2-10 IV over one minute prn

No

- Keep patient's core warm
- Monitor cardiac, vs, SPO2
- Transport

- First-degree frostbite is very superficial and is characterized by a central area of pallor and anesthesia of the skin surrounded by edema
- Second-degree frostbite is recognized by large blisters containing clear fluid surrounded by edema and erythema
- Third-degree frostbite differs from 2nd-degree in that the injury is deeper and the blisters are smaller, hemorrhagic and more proximal.
- Fourth-degree frostbite, which extends to muscle and bone, involves complete tissue necrosis.

1. Do not allow patient to use the affected areas.
2. Do not rub the affected areas. Handle gently to avoid further tissue damage.
3. Do not attempt to actively warm the affected areas during transport. (ie no immersion of cold extremity into warm bath, sleeping bag with chemical warming blanket is appropriate).