Treatment Protocol: HYPERTHERMIA (ENVIRONMENTAL) Ref. No. 1222-P

1. Assess airway and initiate basic and/or advanced airway maneuvers prn *(MCG 1302)*

2. Administer **Oxygen** prn *(MCG 1302)*

3. Initiate cardiac monitoring *(MCG 1308)*
   For patients with dysrhythmias, treat in conjunction with *TP 1212-P, Cardiac Dysrhythmia-Bradycardia* or *TP 1213-P, Cardiac Dysrhythmia-Tachycardia*

4. Initiate cooling measures ❶ ❷
   For altered patients perform on-scene cooling with ice bath immersion when age-appropriate, if possible, monitor for mental status improvement, immersion not to exceed 15 minutes ❸

5. For patients with fever due to presumed infection/sepsis, treat per *TP 1204-P, Fever/Sepsis* ❹

6. For patients with seizure, treat in conjunction with *TP 1231-P, Seizure*

7. Establish vascular access prn *(MCG 1375)*

8. For altered level of consciousness, also consider other causes per *TP 1229-P, ALOC*

9. For adequate perfusion and normal mental status, encourage oral hydration

10. For poor perfusion *(MCG 1355)* or if unable to take fluids orally:
    Normal Saline 20mL/kg IV rapid infusion per *MCG 1309*
    For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*

SPECIAL CONSIDERATIONS

❶ Cooling measures should include moving patient to a cooler environment (e.g. ambulance with air conditioner), removing clothing, applying wet towels, and fanning/blowing cool air from air conditioning vents. If shivering occurs, stop and cover with a dry blanket.

❷ Children left in vehicles are at significant risk of hyperthermia even with normal external ambient temperatures, because of the greenhouse effect. Entrapped children should be immediately extricated; this may require breaking the window.

❸ Altered level of consciousness, including confusion, lethargy, unresponsiveness and seizures, in patients with suspected heat emergency should be treated as heatstroke, a time-critical emergency, with a goal of decreasing body temperature by at least 3°C within the first 30 minutes of care to decrease the risk of cardiovascular collapse. The most efficient method for performing this is to initiate immersion in cold or ice water for up to 15 minutes. When age-appropriate, this should be initiated on-scene or during transport if equipment is available.

❹ This protocol is intended for hyperthermia due to environmental exposures and toxic ingestions.