



4702

Heat Illness / Hyperthermia**Treatment Protocol**

Last Reviewed: October 4, 2022

Last Revised: July 1, 2023

BLS Patient Management

- **Establish, maintain, and ensure:**
 - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
 - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
 - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated
- **Oxygen**

As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD
- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements
- Attach ECG leads to the patient when a paramedic is present
- **Remove from heat**

Move to air conditioned / shaded environment and expose. Wet constantly with tepid water, fan, and encourage evaporative cooling but avoid causing shivering

Obtain a baseline temperature and note the method: tympanic, temporal, axillary, or touch

Apply cold packs to anterior neck, armpits, and groin. Re-assess temperature frequently. Discontinue cooling as clinically indicated to avoid causing shivering

ALS Patient Management

- **For heat illness / hyperthermia**

Adults: Cooled Normal Saline 250 mL IV/IO bolus. **MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L.**

Pediatrics: Cooled Normal Saline 20 mL / kg IV/IO bolus. Use a volume control administration set for accurate dosing. **MAY REPEAT AS CLINICALLY INDICATED**. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
- **For suspected hyperkalemia associated with heat illness / hyperthermia**

INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

Adults: Albuterol 2.5 mg / 3 mL (one pouch), nebulized

INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

Adults: Calcium Chloride 1 gm (10 mL) IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes.

Pediatrics: Calcium Chloride 20 mg / kg IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
- **INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).**
- Adults: Sodium Bicarbonate 50 mEq (50 mL) IV/IO push.
- Pediatrics: Sodium Bicarbonate 1 mEq / kg IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- For shivering associated with heat illness / hyperthermia
INITIAL AND REPEAT ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).
Adults: Midazolam 1 mg (0.2 mL) slow IV/IO push or IM/IN.

ADMINISTRATION OF MIDAZOLAM TO PEDIATRIC PATIENTS FOR HEAT ILLNESS-RELATED SHIVERING IS NOT PERMITTED.