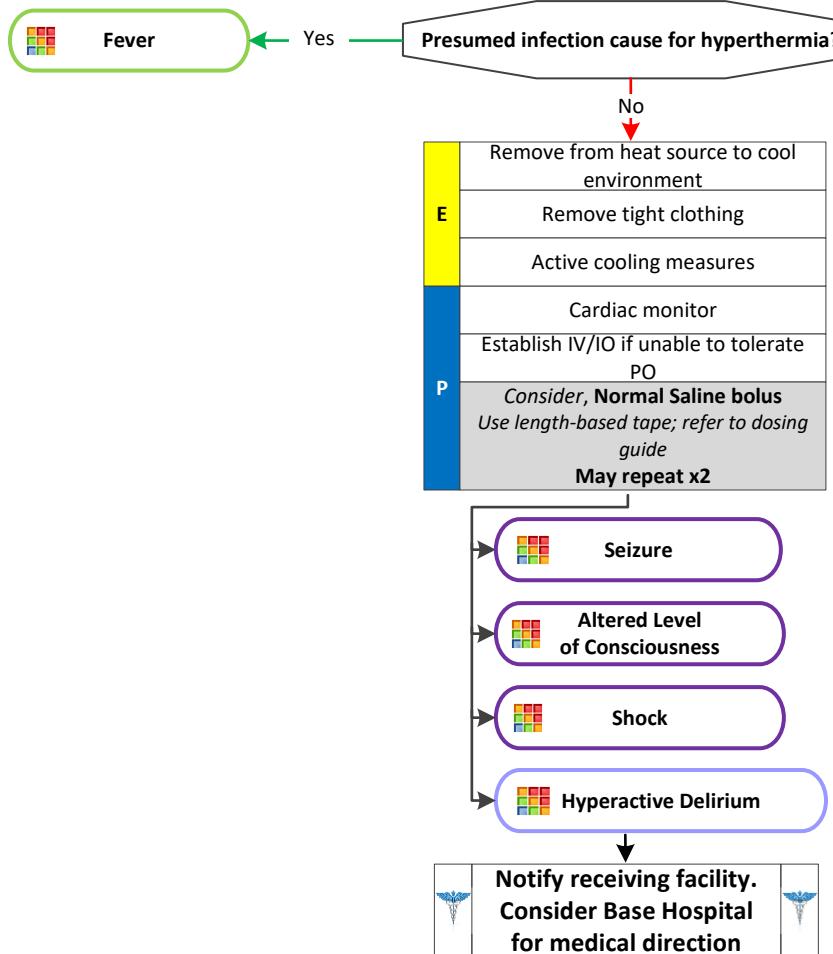


Pediatric Hyperthermia

For environmental exposure causing hyperthermia (e.g., heat exhaustion and heat stroke); drugs may also be a contributing factor

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> Exposure to increased temperatures, humidity, or extreme physical exertion Time and length of exposure or last seen Fatigue or muscle cramping Poor oral intake of fluids Past medical history Medications 	<ul style="list-style-type: none"> AMS Hot, dry, and/or sweaty skin Hypotension or shock Seizures Nausea 	<ul style="list-style-type: none"> Fever/Sepsis Hyperthyroidism Drug induced hyperthermia (NMS – Neuroleptic Malignant syndrome) Heat cramps Heat exhaustion Heat stroke



Pearls

- Check an initial temperature and repeat every 15 minutes while actively cooling.
- Extremes of age are more prone to heat emergencies. Obtain and document the patient temperature and location taken.
- Salicylates, antipsychotics, and some recreational drugs may elevate body temperature.
- Sweating generally disappears as body temperature rises above 104° F.
- Active cooling includes: Removal of bulky clothing; wetting patient with water; and air conditioning/fanning; ice packs to the axilla, groin, and neck.
- Intense shivering may occur as a patient is cooled. Stop cooling treatment until shivering stops.
- Seizures may occur with heat stroke; treat seizures per seizure treatment guideline.
- With mild symptoms of heat exhaustion, movement to a cooler environment and fanning may suffice. Increasing symptoms merit more aggressive cooling measures.

