



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).
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.

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| | <ul style="list-style-type: none">• For shivering associated with heat illness / hyperthermia
INITIAL AND REPEAT ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).
<u>Adults:</u> Midazolam 1 mg (0.2 mL) slow IV/IO push or IM/IN.

<u>ADMINISTRATION OF MIDAZOLAM TO PEDIATRIC PATIENTS FOR HEAT ILLNESS-RELATED SHIVERING IS NOT PERMITTED.</u> |
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