

**Treatment Protocols****Heat Illness/Hyperthermia****Date: 07/01/2025****Policy #9120A**

<b>Stable</b> Blood pressure >90 mmHg	<b>Unstable</b> Systolic blood pressure <90 mmHg, and/or signs of poor perfusion
<b>Adult BLS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Universal Patient Protocol</li> <li>• Give oxygen and/or ventilate PRN per Airway Policy</li> <li>• Monitor O2 saturation PRN</li> <li>• Capnography</li> <li>• Remove patient from dangerous environment</li> <li>• Blood glucose PRN</li> </ul>	<ul style="list-style-type: none"> <li>• Universal Patient Protocol</li> <li>• Give oxygen and/or ventilate PRN per Airway Policy</li> <li>• Monitor O2 saturation PRN</li> <li>• Capnography</li> <li>• Remove patient from dangerous environment</li> <li>• Blood glucose PRN</li> </ul>
<p><b>Heat Exhaustion (Not Altered)</b></p> <ul style="list-style-type: none"> <li>• Loosen or remove clothing</li> <li>• Cool gradually (spraying with tepid water and fanning); avoid shivering</li> <li>• If alert and no nausea, give small amounts of cool liquids by mouth</li> <li>• Obtain baseline temperature</li> </ul>	
<p><b>Heat Stroke (Altered Mental Status)</b></p> <ul style="list-style-type: none"> <li>• Remove clothing</li> <li>• Implement rapid cooling measures, ice packs to axilla, groin, neck area</li> <li>• Flush or spray with tepid water, fan patient</li> <li>• Avoid shivering</li> <li>• Obtain baseline temperature</li> </ul>	
<b>Adult LALS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Establish IV PRN</li> <li>• Capnography</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IV</li> <li>• Capnography</li> </ul>
<p><b>Heat Exhaustion</b></p> <ul style="list-style-type: none"> <li>• NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL</li> </ul>	
<p><b>Heat Stroke</b></p> <ul style="list-style-type: none"> <li>• NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of <math>\geq 90</math> mmHg</li> </ul>	
<b>Adult ALS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Monitor EKG</li> <li>• Establish IV/IO PRN</li> <li>• Capnography</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor EKG</li> <li>• Establish IV/IO</li> <li>• Capnography</li> </ul>
<p><b>Heat Exhaustion</b></p> <ul style="list-style-type: none"> <li>• NS 500-1,000 mL IV/IO MR x 1 to a max of 2,000 mL</li> </ul>	
<p><b>Heat Stroke</b></p> <ul style="list-style-type: none"> <li>• NS 500-1,000 mL IV/IO MR x 1 to a max of 2,000 mL to maintain a SBP of <math>\geq 90</math> mmHg</li> </ul>	
<b>Adult Base Hospital Orders</b>	
	<ul style="list-style-type: none"> <li>• BH – Push-dose epinephrine per Shock Protocol</li> </ul>
<b>Notes:</b>	
<ul style="list-style-type: none"> <li>• Always consider medical sources for hyperthermia such as: <ul style="list-style-type: none"> <li>○ Sepsis or infection</li> <li>○ Intoxication or medication overdose (ex: serotonin syndrome)</li> </ul> </li> <li>• Remove warming factors if possible</li> </ul>	

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APPROVED:

SIGNATURE ON FILE – 07/01/25

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