

HYPERTHERMIA/HYPOTHERMIA	
ADULT	PEDIATRIC (≤34 KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> ○ O₂ administration per Airway Management Protocol #602 • Hyperthermia/Heat related emergencies <ul style="list-style-type: none"> ○ Remove from environment ○ Begin cooling measures • Hypothermia/Cold related emergencies <ul style="list-style-type: none"> ○ Remove from environment ○ Begin warming measures 	Same as Adult
ALS Standing Orders	
<ul style="list-style-type: none"> • Heat related seizures – see Seizure (Active) Protocol #620 • Arrhythmias – follow appropriate protocol 	Same as Adults
Base Hospital Orders Only	
<ul style="list-style-type: none"> • As needed 	<ul style="list-style-type: none"> • As needed
Notes	
<ul style="list-style-type: none"> • Heat related emergencies <ul style="list-style-type: none"> ○ Cooling measures <ul style="list-style-type: none"> ▪ Remove clothing/cool with water and fans/air conditioning ▪ Ice packs to neck, armpits and groin ○ Alert patients may receive up to 1 liter of water or sport drink (50/50 with water) in small amounts if tolerated • Cold related emergencies <ul style="list-style-type: none"> ○ Pulses may be difficult to obtain – check for 30-45 seconds ○ Warming measures <ul style="list-style-type: none"> ▪ Move to warm environment ▪ Remove wet clothing ▪ Rewarm with blankets/heater/etc ▪ Rough handling may precipitate arrhythmias • Frostbite – consider only if evacuation not possible for 6-12 hours <ul style="list-style-type: none"> ○ If no risk of refreezing – use tepid water immersing limb until soft, pink and pliable ○ After rewarming place gauze between digits and dress extremity – splint as necessary 	