

# EL DORADO COUNTY EMS AGENCY

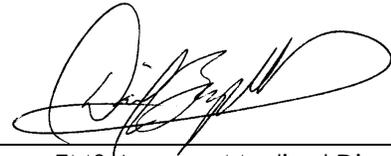
## PREHOSPITAL PROTOCOLS

Effective: July 2009

Reviewed: July 2013

Revised: **July 1, 2016**

Scope: BLS/ALS –Adult and Pediatric



EMS Agency Medical Director

## COLD EXPOSURES

### ADULT/PEDIATRIC

#### BLS TREATMENT

**ABCs / ROUTINE MEDICAL CARE** – Remove any wet clothing, dry and cover patient with warm blankets to prevent any further heat loss. Handle hypothermia patients very gently. Be prepared to support ventilation with appropriate airway adjuncts. Take care not to hyperventilate as this can cause VFib. Be prepared to defibrillate should the patient arrest.

- Administer oxygen at appropriate flow rate.
- Place patient in warm environment. Apply chemical heat packs to axilla, groin, and neck. Do not place directly on patient skin.
- Patient should be handled gently; avoid patient exertion.
- Pulse should be taken for 60 seconds.

**If frostbite is present:** Immobilize and wrap affected extremity with thick warm blankets or clothing. Avoid placing chemical heat packs directly on injured area. Do not rub skin to rewarm. Do not allow refreezing.

#### **AED Equipped BLS Instructions (Patients > 1 year old only):**

**CARDIAC ARREST (prior to EMS arrival)** – Perform 2 minutes of CPR while attaching automatic or semiautomatic external defibrillator to patient if so equipped. **If defibrillation is indicated, limit shocks to one only.** Follow with 2 minutes of CPR. If there is still no pulse or evidence of breathing, continue with CPR until ALS personnel take over care of patient.

**CARDIAC ARREST (during patient treatment)** - Attach automatic or semiautomatic external defibrillator to patient if so equipped. **If defibrillation is indicated, limit to only one shock.** Follow with 2 minutes of CPR. If there is still no pulse or evidence of breathing, continue with CPR until ALS personnel take over care of patient. If no defibrillator is available perform CPR until return of spontaneous circulation or ALS personnel take over care of patient.

**PROTOCOL PROCEDURE:** Flow of protocol presumes that the patient's condition is continuing. If patient is in severe distress, immediate, rapid transport is preferred with treatment performed en route.

**ALS TREATMENT****FOR HYPOTHERMIA MILD/MODERATE:**

**BEGIN RE-WARMING** - Remove any wet clothing, dry and cover patient with warm blankets to prevent any further heat loss. Apply hot packs to axilla, groin, and neck; do not place directly on patient's skin

**CARDIAC MONITORING** - Follow appropriate cardiovascular protocol.

**NORMAL SALINE** - Establish IV/IO and give warm NS: 1000 mL bolus (Adult) or 20 mL/kg (Peds)

**BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT** - Obtain blood sample via venipuncture. Rule out diabetic emergency.

**REFER TO ALTERED LEVEL OF CONSCIOUSNESS OR SEIZURE PROTOCOLS AS INDICATED.**

**FOR HYPOTHERMIA (SEVERE/CARDIAC ARREST):**

**PALPATE PULSE** - For 60 seconds to determine whether perfusion is present.

**CARDIAC MONITORING:**

**PEA** – Do not do CPR or administer medication. Transport as gently as possible.

**Asystole** – Begin CPR and refer to ALS pulseless arrest algorithm – administer 1 round of medications only and continue CPR.

**VF/VT** – Begin CPR and refer to pulseless arrest algorithm – administer a single defibrillatory shock and 1 round of medications only and continue CPR.

**NORMAL SALINE** – Establish IV/IO and give warm NS: 1000 mL bolus (Adult) or 20 mL/kg (Peds).

**CONTACT BASE STATION**

**Hypothermic patients appear dead but may be salvageable. In isolated hypothermia, CPR is indicated for situations without a perfusing rhythm (VF or asystole). For PEA chest compressions should be withheld. These patients are usually adequately managed with re-warming as there may be undetectable, yet life-sustaining cardiac function.**