

# EL DORADO COUNTY EMS AGENCY

## PREHOSPITAL PROTOCOLS

Effective: July 2009

Reviewed: February 2010

Revised: July 1, 2016

Scope: BLS/ALS – Adult and Pediatric



EMS Agency Medical Director

## HEAT EXPOSURES

### ADULT/PEDIATRIC

#### **BLS TREATMENT**

**ROUTINE MEDICAL CARE** - administer oxygen at appropriate flow rate. Be prepared to support ventilation with appropriate airway adjuncts. Obtain and document temperature if able.

**BEGIN COOLING MEASURES** – Move patient to a cooler environment, remove restrictive clothing. If temperature is elevated begin active cooling: sponge with tepid water and apply ice packs to axilla, groin, and neck, do not apply directly to skin.

**PROTOCOL PROCEDURE:** *Flow of protocol presumes that the patient's condition is continuing. Immediate, rapid transport for heat emergency is preferred with treatment performed en route.*

#### **ALS TREATMENT**

**Heat Cramps** – Benign muscle cramps or weakness, normal to elevated temperature, dehydration and warm moist skin. Begin passive cooling.

**Heat Exhaustion** - Consists of dehydration, dizziness, fever, headache, cramping, nausea and vomiting. Vital signs usually consist of tachycardia, hypotension and elevated temperature with warm or cool moist skin. Begin active cooling.

**Heat Stroke** - Consists of dehydration tachycardia, hypotension and temperature >104 and altered mental status. Sweating disappears as temperatures reach 104, hot dry skin. Begin rapid active cooling.

**NORMAL SALINE** - Establish IV/IO, **Adults:** Give NS 1000ml bolus, may repeat 500ml bolus to maintain a SBP of at least 100mm/Hg. **Peds:** Give NS 20ml/kg, repeat to effect age appropriate SBP of at least  $(70 + (2 \times \text{Age}))$ .

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

**REFER TO ALTERED LEVEL OF CONSCIOUSNESS, SEIZURE OR SHOCK PROTOCOLS AS APPROPRIATE.**

**CONTACT BASE STATION**