

**Genesee County**  
**TRAUMA AND ENVIRONMENTAL**  
**HEAT EMERGENCIES**

Initial Date: 5/31/2012  
Revised Date: 10/25/2017

Section 2-10




## ***Heat Emergencies***

1. Follow **General Pre-hospital Care Protocol**.
2. Determine history/evidence of heat exposure.
3. Check blood glucose and treat hypoglycemia per **Altered Mental Status Protocol**.




### **HEAT CRAMPS:**

1. Move the patient to a cool environment and attempt oral liquids.
2. Contact medical control.





### **HEAT EXHAUSTION:**

1. Move the patient to a cool environment.
2. Remove tight clothing.
3. Cool patient, provide air conditioning/fanning. Avoid chilling/shivering.
-  4. NS IV/IO fluid bolus up to 1 liter, wide open.
  - A. Patient may take oral fluid replacement rather than IV if no nausea. Allow oral intake of cool fluids or water (may use commercial sports/rehydration drinks). Do not permit patient to drink if altered mental status, abdominal pain or nausea. Avoid carbonated, alcoholic and caffeinated beverages.
-   5. Contact medical control.

### **HEAT STROKE:**

1. Move the patient to a cool environment.
2. Remove tight clothing.
3. Immediate cooling – provide air conditioning and fanning. Avoid chilling/shivering.
4. Place patient in semi-reclining position with head elevated.
-  5. NS IV/IO fluid bolus up to 1 liter, wide open, repeat as indicated.
-   6. Contact medical control.

### **MANAGEMENT OF PATIENT WITH EXERTIONAL HEAT STROKE**

7. Cool as quickly as possible via ice or cool-water immersion, if possible. Alternative means, such as continually misting the exposed skin with tepid water while fanning the victim, may be used if immersion is not possible.
  - A. Cool as much of the body as possible, especially the torso.
8. **Cool first, transport second when possible.**
-  9. Obtain vascular access; consider resting the patient's arm on the side of immersion tub to start IV while patient is still immersed.
10. If patient experiences seizures, refer to **Seizures Protocol**.
-  11. Monitor ECG (lead cables can go in the water).
-   12. If uncontrolled shivering occurs during cooling, consider midazolam per **Patient Sedation Protocol. (post-radio)**