

Effective Date : November 18, 2018

Last Review: New Policy

Next Review: November 2020

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

Elevated core body temperature above normal limits, usually caused by prolonged exposure to an excessive heat environment, in adequate fluid intake and the associated fluid loss.

HEAT EXHAUSTION: Occurs when a prolonged fluid loss is caused by perspiration, diarrhea or diuretics and exposure to warm to hot heat environment with inadequate fluid and electrolyte replacement. Muscle cramping, dizziness, exhaustion, nausea, vomiting, weakness, headache, diaphoresis, normal or slightly elevated body temperature. Syncope and an altered level of consciousness may occur.

HEAT STROKE: Loss of thermoregulation function resulting in signs of shock, ALOC, with dry flushed and hot to touch skin, seizures are possible. **Core body temperatures above 104°F is common**

BLS TREATMENT:

MOVE PATIENT TO A COOL ENVIRONMENT / PROVIDE SHADE WHEN POSSIBLE AND REMOVE CONSTRICTING OR TIGHT CLOTHING INCLUDING SHOES AND SOCKS.

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.

VITALS: assess vitals

CHECK TEMPERATURE: assess temperature

BLOOD SUGAR CHECK: test blood sugar and treat as appropriate

HEAT EXHAUSTION: Fluid replacement with water or non-caffeinated sports drink, if patient is conscious and able to swallow without difficulty.

HEAT STROKE COOLING MEASURES: Splash or sponge patient with water. Place cool packs on neck, axillary and groin areas. Promote cooling by fanning (evaporation methods).

ALS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, secure airway & assist ventilations as necessary.

MONITOR: Treat rhythm as appropriate

CHECK TEMPERATURE: assess temperature

BLOOD SUGAR CHECK: test blood sugar and treat as appropriate.

HEAT EXHAUSTION: Fluid replacement with water or non-caffeinated sports drink if patient is conscious (orally first).

HEAT STROKE COOLING MEASURES: Splash or sponge patient with water. Place cool packs on neck, axillary and groin areas. Promote cooling by fanning (evaporative methods).

IV/IO ACCESS: use appropriate size; refer to length based assessment tape. Administer 20ml/kg fluid bolus for hypotension.

MIDAZOLAM: If the patient is in status seizures, give 0.1 mg/kg IV/IO (max dose 5 mg) or 0.2 mg/kg IN/IM (max dose 5 mg) if no immediate IV/IO access.

Refer to length based assessment tape for drug doses and proper equipment sizes.



POLICY PEDIATRIC M9 HYPERTHERMIA

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