

Protocol 700-E2

Cold Exposure/Hypothermia

Rev: 2/18

**BLS Treatment**

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ CPR per current County guidelines. Minimize delays and interruptions
- ❖ Implement warming measures but avoid aggressive external rewarming for pulseless patients.
- ❖ Prepare for transport/transfer of care.

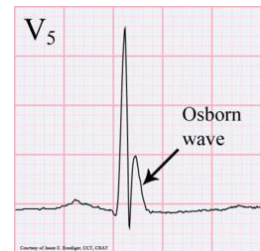
**ALS Treatment**

- ❖ Moderate Hypothermia to Severe Hypothermia
  - Treat life threats. (See Procedure 701 *Life Threats*)
  - Obtain 12 lead ECG (See Procedure 706, *12 Lead ECG Procedure*)
  - Avoid TCP for Bradycardia
  - Continue warming measures.
    - Tape heat packs around coiled IV tubing
  - Transport.
- ❖ Contact Base Station.

Degrees of Hypothermia	
Moderate	Severe
<ul style="list-style-type: none"> <li>• 82-90°F, 28-32°C</li> <li>• No Shivering</li> <li>• Decreased LOC</li> <li>• AFib or Bradycardia</li> <li>• Hypoventilation</li> <li>• Dilated or Fixed pupils</li> <li>• Bright Pink to Pale Skin</li> </ul>	<ul style="list-style-type: none"> <li>• &lt;86°F, &lt;30°C</li> <li>• "Rigor mortis" muscle tone</li> <li>• Apneic</li> <li>• Comatose</li> <li>• V. fib or asystole</li> <li>• Dilated/fixed pupils</li> <li>• Skin edema/Swollen face</li> <li>• Osborne Waves on ECG</li> </ul>

**Special Considerations**

- ❖ If patient is pulseless, consider a single counter shock at 360J and a single round drugs. Do not repeat. Generally, avoid IV medications (excluding warmed saline) severe hypothermia.
- ❖ Avoid rough movement and excess activity. Stimulation of the patient could significantly cause deterioration of vital signs.



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