

Protocol 700-E1-P

Heat Exposure/Hyperthermia

Rev: 2/18

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Implement cooling measures.
- ❖ Prepare for transport / transfer of care.

ALS Treatment

- ❖ Heat Exhaustion:
 - Transport.
 - If symptomatic hypotension, IV NS 20ml/kg. Repeat as needed to maintain perfusion.
 - Contact Base Station.
- ❖ Heat Stroke:
 - Start aggressive cooling measures.
 - Transport.
 - If symptomatic hypotension, IV/IO NS 20ml/kg. Repeat as needed to maintain perfusion.
 - Contact Base Station.

Special Considerations

Heat Exhaustion vs Heat Stroke

	Background	Clinical Signs	Treatment
Heat Exhaustion	<ul style="list-style-type: none"> • Usually healthy • Exercise induced • Hypovolemia 	<ul style="list-style-type: none"> • Normal temperature • Wet pale skin • Tachycardia • Syncope • Vomiting/diarrhea 	<ul style="list-style-type: none"> • Passive Cooling • IV fluids
Heat Stroke	<ul style="list-style-type: none"> • Infants exposed to hot environments • Overactive, healthy youth. 	<ul style="list-style-type: none"> • High temperature • ALOC • Dry hot skin • Seizures • Tachycardia 	<ul style="list-style-type: none"> • Rapid aggressive cooling. • IV fluids only if hypotensive

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