

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**

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

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