C7. Hyperthermia

**Goals:**
- Early cooling and re-hydration
- Mitigate risk for decompensation

**Signs/Symptoms:**
- See inclusion/exclusion below

**Documentation Key Points:**
- Environmental assessment
- Cooling interventions
- Assessment
- Medication/drug use

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**Follow Initial Protocol for All Patients**

1. Move patient to cool area or out of heat
2. Provide small sips of cooled liquid if able to swallow

**Heat Cramps:**
- Minor muscle cramps
- Typically found in legs or abdominal wall
- Patient temperature is normal

**Heat Exhaustion:**
- Salt and water depletion
- Gradual onset
- Tachycardia, hypotension, increased temperature, and painful cramps.
- Headache, nausea, and vomiting

**Heat Stroke:**
- Sweating ceases
- Temperature > 104°F or 40°C
- Altered Mental Status

**Heat Syncope:**
- Transient loss of consciousness
- Return to normal mentation

**Heat Edema:**
- Dependent extremity swelling caused by interstitial fluid pooling

**H22. EKG/12 Lead EKG**

**Temperature Monitoring**

- Temperature Monitoring Temp > 40.0°C (104.0°F)?
  - Yes/Presumed

**Mist patient with cool liquid if available**

**Consider truncal ice packs**

**Abnormal vitals**
- H46. Normal Saline
  - Consider room temp/cooled 20 ml/kg

**Reduce to 10 ml/kg/hr if vitals are stable**

**Seizures?**
  - Yes

**Yes**

**C10. Seizure**

**H33. Midazolam (Versed)**
- Consider 1-2.5 mg IV/IO

**Yes**

**Shivering during cooling?**
  - Yes

**Special Considerations:**
- All patients treated for heat related illness should be evaluated at the hospital.
- Remove as much clothing as possible and restrictive jewelry.

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