**C8. Hypothermia**

**Goals:**
- Maintain hemodynamic stability
- Prevent heat loss
- Rewarm safely
- Prevent loss of limbs

**Signs/Symptoms:**
- Systemic or localized cold injuries
- Altered mental status
- Shivering

**Documentation Key Points:**
- Duration of cold exposure
- Ambient temperature
- Rewarming attempts
- Drug/Alcohol use PTA

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**Follow Initial Protocol for All Patients**

- **BLS**
- **ALS**
- **Interfacility**

- **Remove from cold environment**
  - Handle with care/Limit movement

- **Remove wet clothing**
  - Consider cutting to remove to limit movement of patient

- **Provide warm environment and blankets**

- **Utilize hot packs**

- **Temperature Monitoring**
  - Preferrably Rectal or Esophageal

- **H46. Normal Saline**
  - Warmed for abnormal vitals
  - Preferrably 40-42°C

**Altered Mental Status?**

- **Yes**

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**Cardiac Arrest**

- **Core Temp <30°C (86°F)**
  - Defibrillate x1, if unsuccessful wait until patient has been rewarmed 1-2 degrees Celsius to reattempt
  - No medications until patient is above 30°C

- **Core Temp 30-35°C (86-95°F)**
  - Defibrillation as usual
  - Medications - double the time between usual dosing

- **Core Temp >35°C**
  - Defibrillation and medications as usual

**Organized rhythm other than Ventricular fibrillation/Tachycardia**

- Consider withholding CPR as there may be an undetectable pulse
- It may be slow due to decreased metabolism needs
- If it is a PEA - it will likely deteriorate into an asystole

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**Special Considerations**

- Extra care should be taken to not hyperventilate patient - due to increased risk of Ventricular Fibrillation
- Consider utilizing warmed/humidified oxygen.
- Hypothermic patients will have decreased oxygen demands.

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Protocol: C8. Hypothermia
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