Michigan

Adult Treatment Protocols

HEAT EMERGENCIES

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Heat Emergencies

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Follow General Pre-hospital Care Protocol.
- 2. Determine history/evidence of heat exposure.

EMT/SPECIALIST/PARAMEDIC

3. Check blood glucose and treat hypoglycemia per Altered Mental Status Protocol.

HEAT CRAMPS:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Move the patient to a cool environment and attempt oral liquids.
- 2. Contact Medical Control.

HEAT EXHAUSTION:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Move the patient to a cool environment.
- 2. Remove Tight Clothing.
- 3. Cool patient, provide air conditioning/fanning. Avoid chilling/shivering.

SPECIALIST/PARAMEDIC

- 4. NS IV/IO fluid bolus up to 1 liter, wide open.
 - A. Patient may take oral fluid replacement rather than IV if no nausea. Allow oral intake of cool fluids or water (may use commercial sports/rehydration drinks). Do not permit patient to drink if altered mental status, abdominal pain or nausea. Avoid carbonated, alcoholic and caffeinated beverages.

EMT/SPECIALIST/PARAMEDIC

5. Contact Medical Control.

HEAT STROKE:

MFR/EMT/SPECIALIST/PARAMEDIC

- 1. Move the patient to a cool environment.
- 2. Remove tight clothing.
- 3. Immediate cooling provide air conditioning and fanning. Avoid chilling/shivering.
- 4. Place patient in semi-reclining position with head elevated.

SPECIALIST/PARAMEDIC

5. NS IV/IO fluid bolus up to 1 liter, wide open, repeat as indicated.

EMT/SPECIALIST/PARAMEDIC

6. Contact Medical Control.



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MANAGEMENT OF PATIENT WITH EXERTIONAL HEAT STROKE

- 7. Cool as quickly as possible via ice or cool-water immersion, if possible. Alternative means such as water dousing may be used if immersion is not possible, dousing is not as effective.
 - A. Cool as much of the body as possible, especially the torso.
- 8. Cool first, transport second when possible.

SPECIALIST/PARAMEDIC

- Obtain vascular access; consider resting the patient's arm on the side of immersion tub to start IV while patient is still immersed.
- 10. If patient experiences seizures, refer to **Seizures Protocol**.

PARAMEDIC

11. Monitor ECG (lead cables can go in the water).



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HEAT EMERGENCIES

Date: May 31, 2012 Page 3 of 3 Follow General Pre-hospital Care Protocol Determine history/evidence of HEAT exposure Check blood glucose and treat hypoglycemia per Altered Mental Status Protocol Move patient to cool environment and **Contact Medical Heat Cramps** attempt oral liquids Control NS IV/IO fluid bolus up to 1 liter, wide Move patient to cool environment open Remove tight clothing **Heat Exhaustion** Cool patient Patient may take oral fluid replacement Provide air conditioning & fanning. rather than IV if no nausea. Allow oral Avoid chilling/shivering intake of cool fluids or water (may use commercial sports/rehydration drinks). Do not permit patient to drink if altered mental status, abdominal pain or nausea. Avoid carbonated, alcoholic and caffeinated beverages. **Contact Medical** Control Move patient to cool environment Remove tight clothing NS IV/IO fluid bolus up to 1 liter. Immediate cooling wide open, repeat as indicated **Heat Stroke** Provide air conditioning & fanning. Avoid chilling/shivering. **Contact Medical** Place patient in semi-reclining position with head elevated Control Cool as quickly as possible via ice or cool-water immersion, if possible. Alternative means such as water dousing may be used if **External Heat Stroke** immersion is not possible, dousing is not as effective. Cool as much of the body as possible, especially the torso. Cool first, transport second when possible. Obtain vascular access; consider resting patient's arm on side of immersion tub to start IV while patient Monitor ECG (lead cables is immersed. can go in water) If patient experiences seizures refer to Seizures **Protocol**

