

e-1 HEAT ILLNESS/HYPERTHERMIA

PRIORITIES:

- ABCs
- Remove from offending environment and initiate immediate cooling as appropriate
- Assure an advanced life support response
- Determine degree of physiologic distress, identify nature of illness or injury
- If patient is in extremis, begin therapeutic modalities prior to conducting secondary evaluation

Heat Cramps/Heat Exhaustion

Cramping of the most worked muscles following replacement of exertion induced fluid losses (sweating) with water. Exhaustion, vague, flu-like symptoms, normal/slightly elevated body temperature, normal mental status.

1. Ensure a patent airway (suction as necessary)
2. Be prepared to support ventilation with appropriate airway adjuncts
3. OXYGEN THERAPY – Begin oxygen at 6 liters/minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. Move patient to a cool environment and begin cooling measures;
5. Suspect heat stroke in any patient with an altered level of consciousness in a hot environment or any patient with hot, dry skin.

Heat Stroke

Triad of exposure to heat stress, altered level of consciousness and elevated body temperature (usually > 104 ° C) often associated with absence of sweating, tachycardia and hypotension.

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4. Move patient to a cool environment and begin cooling measures
 - Remove clothing and splash/sponge with water;
 - Place cool packs on neck and in axilla and inguinal areas;
 - Promote cooling by fanning;
 - Apply cool wet sheets.
5. Be prepared for possible seizures