HYPERTHERMIA/HYPOTHERMIA– PEDIATRIC

ALS STANDING ORDERS:

Hyperthermia:

Mild/Moderate (manifested by malaise, tachycardia, nausea-vomiting)**:**

1. Move from heat source to a cool (shaded) open area with good air flow. If fan is available provide breeze directly onto victim.
2. Encourage oral intake of water or balanced salt solution (athletic drink without caffeine)
3. Apply passive cooling measures, such a cool, soaked towels or ice packs as tolerated.

Severe (manifested by confusion or unconsciousness; or hot, dry skin; or hypotension)**:**

1. Establish Base Hospital contact as soon as possible for receiving facility designation.
   - ► *High-flow Oxygen by mask or nasal cannula at 6 l/min flow rate (direct or blow-by).*
2. If hypotensive or signs of poor perfusion:
   - ►*Establish IV access*
   - ► *infuse 20 mL/Kg Normal Saline bolus, may repeat up to maximum 60 mL/Kg to maintain adequate perfusion.*
3. Active or passive cooling measures as available (ice or cold packs to axillae, posterior neck, and groin areas; active fan air breeze with skin modestly exposed).

ALS escort all hyperthermia pediatric patients to nearest appropriate ERC.

Hypothermia:

Not in Cardiac Arrest:

1. Initiate active warming as available; remove any wet clothing and cover to conserve body heat.
2. Cardiac monitor, document rhythm
3. Expect slow heart rate and weak pulse, do not attempt to reverse bradycardia in field.
4. Transport immediately to nearest ERC.

Apparent Cardiac Arrest:

1. Initiate active warming; remove any wet clothing and cover to conserve body heat.
2. Monitor pulse for 30-45 seconds before initiating CPR.
   - ► If in cardiac arrest, use pediatric cardiac arrest SO (SO-P-40).
3. Assist ventilation with bag-valve-mask, avoid hyperventilation.
4. Do not pronounce in field; ALS transport to nearest ERC.

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