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| **BLS Treatment** |
| * Position of comfort. * NPO. * **Oxygen** as indicated. * Remove all wet clothing. Gently dry patient. Cover with blankets (warm if possible) to prevent further heat loss. * Do active, external rewarming, using ready-heat chemical blankets. * Maintain warm environment. |
| **ALS Treatment** |
| * IV/IO of **Normal Saline** at TKO. |
| **Comments**   * Treat Cardiac Dysrhythmias according to Protocol. * Severely hypothermic patients may need prolonged palpation/observation to detect pulse and respirations. * Bradycardia is normal; very slow rates may be sufficient for metabolic demands. * Defibrillation may not be effective until patient is re-warmed. * Do NOT determine death for acutely hypothermic patient unless re-warmed or patient is determined dead by other criteria. * Avoid heat packs with temperature > 110 degrees Fahrenheit that may burn patient’s skin. * Excessive movement of the patient may precipitate ventricular fibrillation. Use caution while performing advanced airway management or when moving patient. * Hypothermic cardiac arrest patients with return of spontaneous circulation should not be actively cooled. Keep patient covered and transport to STAR center. * Pale, cool, insensate extremities may be due to frostbite. * Frostbite: DO NOT rub or apply hot packs; manage affected extremities gently; keep covered and avoid exposures that might cause thawing and re-freezing. |
| **Base Hospital Contact Criteria** |
| * Cessation of resuscitation efforts in hypothermic patients |