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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.
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| **ALS Treatment** |
| * IV/IO of **Normal Saline** at TKO.
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| **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.
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| **Base Hospital Contact Criteria** |
| * Cessation of resuscitation efforts in hypothermic patients
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