### 3.06 COLD INJURY/HYPOTHERMIA

#### 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