

3.05 HEAT INJURY / HYPERTHERMIA

EMSAC FEBRUARY 2026

General Assessment
<ul style="list-style-type: none">• Assess ABC's with special attention to mental status and any neurological deficits• Obtain history including: time/duration of heat exposure, associated physical exertion and recent PO intake/hydration status, infection medical history, recent substance use or trauma
BLS Management
<ul style="list-style-type: none">• Position of comfort. Vital signs (assess temperature), Oxygen PRN (goal >94%)• Move patient to shaded, cool area. Loosen or remove excess clothing to optimize air circulation to skin• Encourage PO (cool/cold) liquids as tolerated• Spray or sprinkle tepid water and use fan to cool• Apply wet towels or sheets to patient• Apply ice packs to the cheeks, palms and soles groin and axillae.• More aggressive cooling measures are appropriate for more severe symptoms. Examples may include evaporative cooling, cold IV fluids, or ice water immersion as available.
ALS Management
<ul style="list-style-type: none">• IV or IO of Normal Saline fluid bolus for concern of heat exhaustion/heat stroke.• IV fluid hydration should not delay rapid cooling measures• Repeat as needed if continued signs/symptoms of heat exhaustion/heat stroke or SBP < 90 or signs of poor perfusion.• Continue active cooling measures during transport.

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Comments
<ul style="list-style-type: none">• The following individuals are at increased risk for hyperthermia:<ul style="list-style-type: none">○ Infants and elderly patients○ Participants of athletic endurance events○ Persons taking medications that impair the body's ability to regulate heat (e.g. many psychiatric medications, illicit drugs like MDMA, diuretics, and alcohol)• For hyperthermia due to environmental exposure, drug use or severe exertion, antipyretics like acetaminophen or ibuprofen are NOT helpful• Heat exhaustion: typically presents with fatigue, weakness, dizziness, headache, heavy sweating, muscle cramps, rapid pulse and possible elevation in core body temperature but <u>normal</u> mental status• Heat stroke: involves alteration in central nervous system and is associated with <u>altered</u> mental status, neurologic deficits and core temperature > 104°F (40°C)• Heat exhaustion may progress to heat stroke without obvious external signs/symptoms.• Heat stroke is associated with altered mental status, and core temperature > 104 degrees Fahrenheit (40 degrees Celsius).• Evaluate for concomitant trauma and institute appropriate treatment as indicated.• Utilize body temperature serial measurements as a tool to assess effectiveness of cooling measures. If temperature fails to decrease add additional therapy.
Base Hospital Contact Criteria
<ul style="list-style-type: none">• Discontinuation of resuscitation efforts in hyperthermic patients who do not meet other criteria for death pronouncement (Policy 4050).