

## 3.05 HEAT INJURY / HYPERTHERMIA

### EM SAC FEBRUARY 2026

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

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Comments
<ul style="list-style-type: none"><li>• The following individuals are at increased risk for hyperthermia:<ul style="list-style-type: none"><li>○ Infants and elderly patients</li><li>○ Participants of athletic endurance events</li><li>○ Persons taking medications that impair the body's ability to regulate heat (e.g. many psychiatric medications, illicit drugs like MDMA, diuretics, and alcohol)</li></ul></li><li>• For hyperthermia due to environmental exposure, drug use or severe exertion, antipyretics like acetaminophen or ibuprofen are NOT helpful</li><li>• <b>Heat exhaustion:</b> 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</li><li>• <b>Heat stroke:</b> involves alteration in central nervous system and is associated with <u>altered</u> mental status, neurologic deficits and core temperature <math>&gt; 104^{\circ}\text{F}</math> (<math>40^{\circ}\text{C}</math>)</li><li>• <del>Heat exhaustion may progress to heat stroke without obvious external signs/symptoms.</del></li><li>• <del>Heat stroke is associated with altered mental status, and core temperature <math>&gt; 104</math> degrees Fahrenheit (40 degrees Celsius).</del></li><li>• <del>Evaluate for concomitant trauma and institute appropriate treatment as indicated.</del></li><li>• <del>Utilize body temperature serial measurements as a tool to assess effectiveness of cooling measures. If temperature fails to decrease add additional therapy.</del></li></ul>

#### Base Hospital Contact Criteria

- Discontinuation of resuscitation efforts in hyperthermic patients who do not meet other criteria for death pronouncement (Policy 4050).