

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.30 Hypothermia - Adult	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Hypothermia is generally defined into three categories; Mild hypothermia: temperatures between 93.2°F (34°C) and 98.6°F (37°C), Moderate hypothermia: temperatures between 86°F (30°C) and 93.2°F (34°C), Severe hypothermia: temperatures below 86°F (30°C). Mild to moderate hypothermia patients will present with shivering, lethargy, and stiff uncoordinated muscles. Severe hypothermia patients may be disoriented and confused, stuporous, or unresponsive. Shivering will typically be absent and physical activity will be uncoordinated. Severe hypothermia will frequently produce dysrhythmias.

1. Baseline care standards.
2. Remove wet garments and gently dry patient.
3. Protect against further heat-loss and wind-chill.
4. Maintain horizontal position.
5. Avoid rough movement and excess activity.
6. Monitor core temperature.
7. Monitor cardiac rhythm.
8. Treat major trauma as the first priority and hypothermia as the second.
9. If pulse/breathing are absent:
 - Start CPR.
 - Defibrillate ventricular fibrillation/ventricular tachycardia with up to a total of 3 shocks (200, 300, and 360 joules or equivalent biphasic defibrillation)
 - Intubate per airway protocol.
 - Establish IV of warm Normal Saline at 150 ml/hour.
10. If core temperature <30°C (86°F):
 - Continue CPR.
 - Withhold IV medications.
 - Limit shocks to a maximum of 3.

11. If core temperature $>30^{\circ}\text{C}$ (86°F):
 - Continue CPR.
 - Give IV medications based on dysrhythmia (but at longer intervals.)
 - Repeat defibrillation for ventricular fibrillation/ventricular tachycardia as core temperature rises.
12. If pulse/breathing are present:
 - Initiate IV of warm Normal Saline at 150 ml/hour.
13. Check blood sugar, if glucose < 80 mg/dl, give:
 - 25 Grams D50 IV
14. Begin external re-warming.
15. Insert Foley and NG tube for long transports.
16. Transport with lights and sirens.

Medical Director's Signature

Date

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.