

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.2.29 Heat Emergencies - Pediatric	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Heat injuries are categorized in three areas. **Heat cramps** are associated with muscular cramps and aches, usually in abdomen, arms, or legs. **Heat Exhaustion** occurs with excess sweating. Typically other symptoms include; nausea, vomiting, fatigue, weakness, muscle cramps, and/or dizziness. **Heat Stroke** is a true medical emergency. Signs and symptoms may include those listed for heat cramps and heat exhaustion, with the addition of; headache, altered mental status, lethargy, seizures, hot dry or moist skin, hyperthermia, loss of consciousness, increased heart rate, and hallucinations.

1. Baseline care standards.
2. Administer oxygen at 15L per minute via non-rebreather mask.
3. Maintain airway per protocol.
4. Start large bore IV of Normal Saline at a TKO rate. Administer fluid bolus of 20mL/kg to maintain blood pressure
5. Place patient in supine position with legs slightly elevated.
6. Assess vital signs, including temperature every 10 minutes.
7. Loosen or remove excess and constrictive clothing.
8. If heat exhaustion or heat stroke is suspected:
 - Move patient to cooler environment.
 - Cool with fine water misting spray (must have good ambient air flow).
 - Stop cooling measures when core body temp is 39° C.
9. If seizures are present, and suspected to be heat-related:
 - Protect airway per protocol.
 - Administer *Lorazepam 1 – 2mg IV*, or
 - *Diazepam 2 - 10 mg IV*.
10. For hypotension refractory to cooling and fluid boluses administer:

- Dopamine infusion at 5 – 20 mcg/kg/minute. Titrate infusion to maintain systolic BP greater than 90 mmHg.

11. Consider placing NG tube to protect airway from aspiration.

12. Consider Foley catheter to monitor urine output.

Medical Director's Signature

Date

Disclaimer:

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