

	Department Name Address	ILS	EMT/Intermediate
		Revision #	
		Implementation Date	
Protocol	3.1.29 Heat Emergencies - Adult	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 two large bore IVs of Normal Saline at a TKO rate. Bolus as required to maintain systolic Blood Pressure (BP) greater than 90 mmHg.
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 patient is conscious, you may give sips of cool water.
10. Consider ALS intercept.

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. 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.