



Protocol 700-E1-P: Heat Exposure/Hyperthermia

Revision 5/22/18
Effective 8/1/18

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Implement cooling measures.
- ❖ Prepare for transport / transfer of care.

ALS Treatment

- ❖ Heat Exhaustion:
 - Transport.
 - If symptomatic hypotension, IV NS 20ml/kg. Repeat as needed to maintain perfusion.
 - Contact Base Station.
- ❖ Heat Stroke:
 - Start aggressive cooling measures.
 - Transport.
 - If symptomatic hypotension, IV/IO NS 20ml/kg. Repeat as needed to maintain perfusion.
 - Contact Base Station.

Special Considerations

Heat Exhaustion vs Heat Stroke

	Background	Clinical Signs	Treatment
Heat Exhaustion	<ul style="list-style-type: none">• Usually healthy• Exercise induced• Hypovolemia	<ul style="list-style-type: none">• Normal temperature• Wet pale skin• Tachycardia• Syncope• Vomiting/diarrhea• High temperature• ALOC• Dry hot skin• Seizures• Tachycardia	<ul style="list-style-type: none">• Passive Cooling• IV fluids
Heat Stroke	<ul style="list-style-type: none">• Infants exposed to hot environments• Overactive, healthy youth.		<ul style="list-style-type: none">• Rapid aggressive cooling.• IV fluids only if hypotensive