



Protocol 700-E2-P: Cold Exposure/Hypothermia

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

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ CPR per current County guidelines. Minimize delays and interruptions
- ❖ Implement warming measures but avoid aggressive external rewarming for pulseless patients.
- ❖ Prepare for transport/transfer of care.

ALS Treatment

- ❖ Moderate Hypothermia to Severe Hypothermia
 - Obtain 12 lead ECG (See Procedure 706 12 Lead ECG Procedure)
 - IV **Normal saline** 20 ml/kg bolus
 - Avoid TCP for Bradycardia
 - Continue warming measures.
 - Tape heat packs around coiled IV tubing
 - Transport.
 - Contact Base Station.

Degrees of Hypothermia	
Moderate	Severe
<ul style="list-style-type: none">• 82-90°F, 28-32°C• No Shivering• Decreased LOC• Atrial Fib or Bradycardia• Hypoventilation• Dilated or Fixed pupils• Bright Pink to Pale Skin	<ul style="list-style-type: none">• <86°F, <30°C• "Rigor mortis" muscle tone• Apneic• Comatose• V. fib or asystole• Dilated/fixed pupils• Skin edema/Swollen face• Osborne Waves on ECG

Special Considerations

- ❖ If patient is pulseless, consider a single counter shock at 1J/kg and a single round of drugs. Do not repeat. Generally, avoid IV medications (excluding warmed saline) when in severe hypothermia.
- ❖ Avoid rough movement and excess activity. Stimulation of the patient could significantly cause deterioration of vital signs.