



## 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
• 82-90°F, 28-32°C	• <86°F, <30°C
• No Shivering	• "Rigor mortis" muscle tone
• Decreased LOC	• Apneic
• Atrial Fib or Bradycardia	• Comatose
• Hypoventilation	• V. fib or asystole
• Dilated or Fixed pupils	• Dilated/fixed pupils
• Bright Pink to Pale Skin	• 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.