

Heat Illness/Hyperthermia

History

- Exposure to increased temperatures, humidity, or extreme physical exertion
- Time and length of exposure
- Fatigue or muscle cramping
- Poor oral intake of fluids
- Past medical history
- Medications

Signs and Symptoms



- AMS
- Hot, dry, or sweaty skin
- Hypotension or shock
- Seizures
- Nausea

Differential

- Fever
- Dehydration
- Delirium tremens (DTs)
- Heat cramps
- Heat exhaustion
- Heat stroke

E	Remove from heat source to cool environment
	Remove tight clothing
	Active cooling measures
P	Cardiac monitor
	Establish IV/IO
	If SBP < 90 in adults Normal Saline bolus 500ml IV/IO Reassess patient for criteria above <i>May repeat as long as criteria above exists</i>
	If poor perfusion or shock in peds Normal Saline bolus IV/IO Use PEDIATAPE and refer to dosing guide <i>May repeat as long as criteria above exists</i>

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	Notify receiving facility. Contact Base Hospital for medical direction, as needed.	
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Pearls

- Check an initial temperature and repeat every 15 minutes while actively cooling.
- Extremes of age are more prone to heat emergencies. Obtain and document the patient temperature and location taken.
- Salicylates and some recreational drugs may elevate body temperature.
- Sweating generally disappears as body temperature rises above 104° F.
- Intense shivering may occur as a patient is cooled.
- Seizures may occur with heat stroke; treat seizures per seizure treatment guideline.
- Increasing symptoms merit more aggressive cooling measures. With mild symptoms of heat exhaustion, movement to a cooler environment and fanning may suffice.

