

**Cold Emergencies (Adult and Pediatric)****CFR AND ALL PROVIDER LEVELS**

1. ABCs and vital signs.
2. Airway management.
3. Remove the patient from the cold environment to a warm environment.
4. Prevent further loss of body heat.
5. Do **NOT** allow the patient to smoke or drink either alcohol or caffeinated beverages.
6. If the patient is conscious, able to swallow, and can drink without assistance, give warm liquids slowly by mouth.
7. **Special considerations:**
  - a. **Localized Cold Injury:**
    - i. Remove clothing and jewelry from affected area.
    - ii. Protect areas from pressure, trauma, and friction. Wrap the area in dry, bulky dressings, digits should be wrapped individually.
    - iii. Do **NOT** rub the area or break blisters.
  - b. **Hypothermia (General):**
    - i. Monitor airway.
    - ii. Assess carotid pulse for 30 - 45 seconds.
    - iii. Begin CPR, if appropriate.
    - iv. Do not allow physical activity.
    - v. Monitor breathing for adequacy.
    - vi. Administer oxygen.
    - vii. Gently remove any wet clothing and jewelry and dry the patient.
    - viii. Place heat packs, if available, in the patient's groin area, lateral chest, and neck.
    - ix. Wrap the patient in dry blankets.

**● CFR STOP****EMT**

8. Transport.
9. If the patient has an altered mental status, request ALS assistance.

**● EMT STOP****Paramedic****● Paramedic STOP****Key Points / Considerations**

1. Vital signs may be extremely depressed.
2. Hypothermic patients remain viable for a longer period of time.
3. For infants and young pediatric patients, cover the head with a cap or towel to decrease heat loss.
4. CPR should be initiated on all pulseless and apneic hypothermic patients.
5. Avoid rough handling of the hypothermic patient so as to reduce the risk of inducing cardiac arrest.
6. For unconscious patients, use caution with heat packs to avoid burns.

**Heat Emergencies (Adult and Pediatric)****CFR AND ALL PROVIDER LEVELS**

1. ABCs and vital signs.
2. Airway management.
3. Move the patient to a cooler environment, or cool the environment.
4. Remove outer clothing.
5. Administer oxygen.
6. Restrict physical activity.
7. Place in recovery position, if altered mental status.
8. Assess for shock and treat, if appropriate.
9. Provide water if the patient is conscious and is able to drink without assistance. (If available).

**● CFR STOP****EMT**

10. If the patient has an altered mental status, request ALS assistance.
11. Transport.
12. For patients presenting with hot, flushed, and dry skin: cool the patient rapidly.

**● EMT STOP****Paramedic**

13. Intravascular access.
14. For Adult patients: Crystalloid fluid, 500 ml.
  - a. Crystalloid fluid infusion may be repeated up to a maximum of 2 liters as needed, if there are no signs of pulmonary edema and no concern for water intoxication.

**● Paramedic STOP****Key Points / Considerations**

1. Do not lower body temperature so as to produce shivering.
2. Cooling of the patient should **NOT** delay transport.
3. Patients who are experiencing a heat emergency and no longer sweating should be treated and transported rapidly.
4. Water intoxication occurs when patients ingest excessive water which causes potentially life-threatening electrolyte abnormalities.
  - a. Suspect water intoxication in long distance runners who consume large amounts of water and present with collapse or confusion.
  - b. Cool the patient, as indicated, and contact Online Medical Control before administering any oral fluid to a patient with suspected water intoxication.
5. Special populations who should be considered at high risk for adverse outcomes:
  - a. Elderly patients
  - b. Patients with comorbidities, on diuretics, or psychiatric medications
  - c. Athletes