Treatment:

- 1. Treat per Universal Patient Care.
- 2. ABCs; allow up to 45 seconds to confirm respiratory arrest, pulseless cardiac arrest or bradycardia that is profound enough to require CPR.
- 3. Gently remove wet clothing
- 4. Prevent further heat loss/wind chill
- 5. Monitor core temperature and cardiac rhythm
- 6. Patients with severe hypothermia (core temp <30°C (86°F)) may need internal rewarming. Contact Medical Control for direction.

FOR PATIENT IN CARDIAC ARREST

- 1. VF/Pulseless VT/Asystole:
 - a. Begin CPR
 - b. Defibrillate VF/VT once @ 120J biphasic or equivalent monophasic setting.
 - c. Intubate and ventilate with warm, humid Oxygen
 - d. Establish IV or IO access
 - e. If patient is <30°C (86°F), withhold IV meds and further defib attempts
 - f. If patient is >30°C (86°F), give IV meds prn at longer than standard intervals and repeat defibrillation as core temp rises.
 - g. Infuse warm normal saline
- 2. Organized Rhythms
 - a. Handle gently
 - b. Contact Medical Control for direction regarding CPR and medication administration.
- 3. Frozen Tissue/Lifeless
 - a. Consider declaring death in the field. If in doubt, consult Medical Control for directions.

FOR PERFUSING PATIENTS:

- 1. Monitor ECG and pulse oximetry.
- 2. Handle patient gently to avoid VF
- 3. Warm patient as required:
 - a. Heated blankets
 - b. Warm environment
 - c. Warm air
 - d. Warm IV fluids
 - e. Warm packs

NOTES & PRECAUTIONS:

- A. At-risks groups for hypothermia include trauma victims, alcohol and drug abuse patients, homeless persons, elderly, low income families, infants and small children, and entrapped patients.
- B. Hypothermia may be preceded by other disorders (alcohol, trauma, OD) look for and treat any underlying conditions while treating the hypothermia.

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C. The hypothermic heart may be unresponsive to cardiovascular drugs, pacer stimulation or defibrillation.

KEY CONSIDERATIONS:

Submersion, cool rainy weather, wind chill, prolonged exposure, notify receiving hospital ASAP, Transport ASAP