

# Southern Illinois Regional EMS System

## EE-9 COLD EMERGENCIES/FROSTBITE AND HYPOTHERMIA

### ALS/ILS/BLS

#### FROSTBITE

- Patient assessment and initial medical care
- Move patient to a warm environment ASAP and prevent re-exposure
- (ALS/ILS) IV/IO NS TKO rate
  - Contact Medical Control
  - Consider administering analgesic per pain management protocol
- Passively rewarm the patient and affected areas using ambulance heating system
  - DO NOT RUB
  - DO NOT place heat packs directly on frostbitten areas
  - DO NOT rewarm if there is a chance of refreezing
- Do not let the patient ambulate if the lower extremities are affected
- Handle skin like a burn
  - Bandage the area loosely with dry sterile dressings
  - Do not let affected skin surfaces rub together
- (ALS/ILS) Contact Medical Control
- Transport

#### SYSTEMIC HYPOTHERMIA: (conscious or altered mental status, shivering, CBT > 90°F)

- Patient assessment and initial medical care
- Move patient to a warm environment ASAP and prevent re-exposure
- Remove cold/wet clothing
- (ALS/ILS) Cardiac monitoring
- (ALS/ILS) IV/IO NS TKO rate (warm fluids if available).
- Obtain core body temperature (CBT)
- Passively rewarm the patient
  - Place the patient in a warm environment
  - Apply hot packs wrapped in towels to axilla, groin, neck, and thorax
  - Wrap patient in blankets
  - Maintain horizontal/supine position
  - Avoid rough movement
- (ALS/ILS) Contact Medical Control
- Transport

#### SEVERE HYPOTHERMIA: (Patient may appear uncoordinated with poor muscle control or stiff, simulating rigor mortis. There will be no shivering. Altered mental status or unresponsive. CBT < 90°F)

- Patient assessment and initial medical care
- Move patient to a warm environment ASAP and prevent re-exposure
- Remove cold/wet clothing
- (ALS/ILS) Cardiac monitoring
- (ALS/ILS) IV/IO NS TKO rate (warm fluids if available)
- Obtain core body temperature (CBT)

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## EE-9 COLD EMERGENCIES/FROSTBITE AND HYPOTHERMIA (continued)

- Passively rewarm the patient
  - Place the patient in a warm environment
  - Apply hot packs wrapped in towels to axilla, groin, neck, and thorax
  - Wrap patient in blankets
  - Maintain horizontal/supine position
  - Avoid rough movement
- (ALS/ILS) Contact Medical Control
- Transport

When you encounter cardiac arrest in the hypothermic patient:

- Pulselessness or profound bradycardia must be confirmed for 30-60 seconds
- Begin CPR if pulseless
- Confirm CBT while CPR is in progress
- (BLS) If the patient's CBT is below 86°F
  - Deliver only ONE shock from the AED until the CBT rises to or above 86°F
- (ALS/ILS) Pulseless VT/VF found
  - Deliver only ONE shock from the defibrillator until the CBT rises to or above 86°F
- DO NOT INITIATE ANY DRUG THERAPY unless CBT obtained. If temperature equal to or above 86°F, initiate adult cardiac arrest protocol as indicated.
- If temperature cannot be confirmed, continue CPR