



San Benito County Emergency Medical Services Agency

HEAT EXPOSURE

Policy : E1-P
Effective : May 1, 2010
Reviewed : May 1, 2010

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Implement cooling measures.
- C. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

A. Heat Exhaustion: *

1. Treat life threats. (See Policy 4000)
2. Transport.
3. If symptomatic hypotension, IV NS 20ml/kg. Repeat as needed to maintain perfusion.
4. Contact Base Station.

B. Heat Stroke: **

1. Treat life threats. (See Policy 4000)
2. Start aggressive cooling measures.
3. Transport.
4. If symptomatic hypotension, IV/IO NS 20ml/kg. Repeat as needed to maintain perfusion.
5. Contact Base Station.

Note:

***Heat Exhaustion:** Usually occurs in healthy individuals who have exercise induced hypovolemia. Example: Joggers.

Clinical Signs of Heat Exhaustion: Normal temperature, wet pale skin, tachycardia, syncope, vomiting/diarrhea.

Treatment: Heat exhausted patients are always fluid depleted. IV fluid therapy can help to correct fluid and electrolyte imbalances.

****Heat Stroke:** Patients most susceptible are infants exposed to hot environments and overactive, healthy youth. Phenothiazines, tricyclics, antihistamines, amphetamines, alcohol, and diuretics may potentiate heat stroke.

Clinical Signs of Heat Stroke: High body temperature with ALOC, dry hot skin, seizures, tachycardia.

Treatment: Heat stroke patients require immediate rapid cooling. The most effective method is evaporative cooling achieved by wetting the skin and moving air across the body.