



# San Benito County Emergency Medical Services Agency

## HEAT EXPOSURE

Policy : E-1  
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. Initiate **IV ACCESS** with Normal Saline; titrate to SBP 90 – 100 mm Hg.
4. Contact Base Station.

#### B. Heat Stroke: \*\*

1. Treat life threats. (See Policy 4000)
2. Start aggressive cooling measures.
3. Transport.
4. Initiate **IV ACCESS** with Normal Saline; titrate to SBP 90 – 100 mm Hg.
5. Contact Base Station.

**Note:**

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

***Clinical Signs:*** 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:** The patients most susceptible are the inactive, the elderly or the overactive healthy youth. Phenothiazines, tricyclics, antihistamines, amphetamines, alcohol, and diuretics may potentiate heat stroke.

***Clinical Signs:*** 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.