TREATMENT PROTOCOL: HYPERTHERMIA (ENVIRONMENTAL)

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Provide active cooling measures prn
   - Move to cool environment
   - Remove clothing
   - Apply wet towels and promote cooling by fanning
5. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
6. Advanced airway prn

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<tr>
<th>ADEQUATE PERFUSION</th>
<th>POOR PERFUSION</th>
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7. Encourage oral fluids
8. Venous access prn
9. ESTABLISH BASE CONTACT (ALL)
10. If unable to take fluids orally:
    Normal Saline
11. ESTABLISH BASE CONTACT (ALL)
12. If unable to take fluids orally:
    Normal Saline fluid challenge
    10mL/kg IV, reassess for pulmonary edema at each 250mL increments
13. Reassess for potential deterioration

7. Venous access
8. Blood glucose test
9. If blood glucose is less than 60mg/dl:
   Consider oral glucose preparation if patient is awake and alert
   Dextrose 10% 250 mL IV
   Infuse 125mL, and reassess
   If positive response, stop infusion
   If minimal or no response, infuse the remaining 125mL for a total of 250mL
   Pediatric: Dextrose 10% per Color Code Drug Doses LA County Kids
   1mL/kg increments up to 5mL/kg
   If unable to obtain venous access:
   Glucagon 1mg IM
   Pediatric: Glucagon per Color Code Drug Doses LA County Kids
   0.5mg (0.5mL) IM < 1year
   1mg (1mL) IM 1 year or older
10. ESTABLISH BASE CONTACT (ALL)
11. Normal Saline fluid resuscitate
    IV wide open
12. If blood glucose remains less than 60mg/dl,
    Dextrose 10% 250mL IV
    Infuse 125mL, and reassess
    If positive response, stop infusion
    If minimal or no response, infuse the remaining 125mL for a total of 250mL
    Pediatric: Dextrose 10% per Color Code Drug Doses LA County Kids
    1mL/kg increments up to 5mL/kg
    If unable to obtain venous access:
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