TREATMENT PROTOCOL: HYPOTHERMIA

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Assist respirations prn
5. CPR prn
6. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
7. Advanced airway prn
8. Provide warming measures prn
   - Move to warm environment
   - Use warmed NS when possible
   - Remove any wet clothing and wrap in warm blankets
   - Use warm humidified oxygen if possible

FROSTBITE
9. Handle affected area gently
10. Remove constrictive jewelry
11. Cover and protect affected area
12. Do not allow affected area to thaw and then refreeze

ALTERED LOC
9. Venous access
10. Blood glucose test
11. If blood glucose is less than 60mg/dl:
   Consider oral glucose preparation if patient is awake and alert
   **Dextrose 10% 250 mL IV**
   Infuse 125 mL, and reassess
   If positive response, stop infusion
   If minimal or no response, infuse 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 <1 year
   1mg (1mL) IM 1 year/older

FULL ARREST
9. Venous access
10. Blood glucose test
11. If blood glucose is less than 60mg/dl:
   **Dextrose 10% 250 mL IV**
   Infuse 125 mL, and reassess
   If positive response, stop infusion
   If minimal or no response, infuse 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 <1 year
   1mg (1mL) IM 1 year/older

12. ESTABLISH BASE CONTACT (ALL)
13. See Ref. No. 1210, Non-Traumatic Cardiac Arrest Treatment Protocol

ESTABLISH BASE CONTACT (ALL)

12. If hypotensive:
   **Normal Saline** fluid challenge
   10mL/kg IV, reassess for pulmonary edema at each 250mL increments
SPECIAL CONSIDERATIONS

1. If hypothermia is suspected, defibrillate only once, administer only one dose of epinephrine and **no other medications** should be administered until the patient is re-warmed.

2. If hypothermia is suspected, resuscitation efforts should not be abandoned until the patient is re-warmed or the base hospital orders termination of resuscitative efforts; however, if hypothermia is suspected with submersion greater than 1 hour, consider utilizing Reference No. 814, Determination/Pronouncement of Death in the Field.