1. Assess airway and initiate basic and/or advanced airway maneuvers prn *(MCG 1302)*

2. Administer **Oxygen** prn *(MCG 1302)*

3. Initiate cardiac monitoring *(MCG 1308)*
   For patients with dysrhythmias, treat in conjunction with **TP 1212, Bradycardia** or **TP 1213, Tachycardia**

4. Provide cooling measures 🔄

5. For patients with fever due to presumed infection/sepsis, treat per **TP 1204, Fever/Sepsis 🙅‍♀️**

6. Establish vascular access prn *(MCG 1375)*

7. For altered level of consciousness, treat in conjunction with **TP 1229, ALOC**

8. For adequate perfusion and normal mental status, encourage oral hydration

9. For poor perfusion or if unable to take fluids orally:
   **Normal Saline 1L IV rapid infusion**
   Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops

   For persistent poor perfusion, treat in conjunction with **TP 1207, Shock/Hypotension**
SPECIAL CONSIDERATIONS

❶ Cooling measures should include moving patient to a cooler environment (e.g. ambulance with air conditioner), removing clothing, applying wet towels, and fanning/blowing cool air from air conditioning vents.

❷ This protocol is intended for hyperthermia due to environmental exposures and toxic ingestions.