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-P, Cardiac Dysrhythmia-Bradycardia* or *TP 1213-P, Cardiac Dysrhythmia-Tachycardia*

4. Provide cooling measures ➊ ➋

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

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

7. For altered level of consciousness, treat in conjunction with *TP 1229-P, 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 20mL/kg IV rapid infusion** per *MCG 1309*
   - For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*
SPECIAL CONSIDERATIONS

1. 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. If shivering occurs, stop and cover with a dry blanket.

2. Children left in vehicles are at significant risk of hyperthermia even with normal external ambient temperatures, because of the greenhouse effect. Entrapped children should be immediately extricated; this may require breaking the window.

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