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

2. Administer \textbf{Oxygen} prn \((MCG\ 1302)\)

3. Initiate cardiac monitoring \((MCG\ 1308)\)
   For patients with dysrhythmias, treat in conjunction with \textit{TP 1212-P, Cardiac Dysrhythmia-Bradycardia} or \textit{TP 1213-P, Cardiac Dysrhythmia-Tachycardia}

4. Provide warming measures ❶ ❷

5. For frostbite:
   Handle affected area gently, remove jewelry, cover and protect the area ❸

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

7. For altered level of consciousness, treat in conjunction with \textit{TP 1229-P, ALOC}

8. For poor perfusion:
   \textbf{Normal Saline 20mL/kg IV rapid infusion} per \textit{MCG 1309}; use warm saline if available
   For persistent poor perfusion, treat in conjunction with \textit{TP 1207-P, Shock/Hypotension}

9. For cardiac arrest, treat in conjunction with \textit{TP 1210-P, Cardiac Arrest}
   Initiate rewarming while resuscitation is ongoing ❹
SPECIAL CONSIDERATIONS

1. Warming measures should include moving the patient to a warm environment as quickly as possible, removing wet clothing/items, covering with an emergency/rescue blanket or blanket/sheets, and using warm normal saline if available.

2. Infants and small children are at high risk for hypothermia due to their large surface area to body mass ratio, reduced ability to shiver, and limited body fat.

3. Do not allow an area of frostbite to thaw and then refreeze as this causes more tissue damage.

4. Follow usual protocols for resuscitation of patients with hypothermic cardiac arrest while rewarming. Patients with hypothermia may have good neurologic outcome despite prolonged resuscitation; resuscitative efforts should continue until the patient is rewarmed. Consultation with the Base Physician is required before consideration of termination of resuscitation.