

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 ❶
5. For patients with fever due to presumed infection/sepsis, treat per *TP 1204, Fever/Sepsis* ❷
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 (*MCG 1355*) 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.