Treatment Protocol: HYPOTHERMIA / COLD INJURY

Ref. No. 1223

- 1. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)
- 2. Administer **Oxygen** prn (MCG 1302)
- Initiate cardiac monitoring (MCG 1308)
 For patients with dysrhythmias, treat in conjunction with TP 1212, Bradycardia or TP 1213, Tachycardia
- 4. Provide warming measures 1
- For frostbite:
 Handle affected area gently, remove jewelry, cover and protect the area 2
- 6. Establish vascular access prn (MCG 1375)
- 7. For altered level of consciousness, treat in conjunction with TP 1229, ALOC
- 8. For poor perfusion (MCG 1355):

Normal Saline 1L IV rapid infusion; use warm saline if available 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

9. For cardiac arrest, treat in conjunction with *TP 1210, Cardiac Arrest* Initiate rewarming while resuscitation is ongoing **3**

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SPECIAL CONSIDERATIONS

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

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