



Treatment Protocol: HYPERTHERMIA (ENVIRONMENTAL)

Ref. No. 1222-P

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 ❶ ❷
5. For patients with fever due to presumed infection/sepsis, treat per [TP 1204-P, Fever/Sepsis](#) ❸
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 ([MCG 1355](#)) 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

- 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. If shivering occurs, stop and cover with a dry blanket.
- ❷ 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.
- ❸ This protocol is intended for hyperthermia due to environmental exposures and toxic ingestions.

