



**Treatment Protocol: HYPOTHERMIA / COLD INJURY**

**Ref. No. 1223-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 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 *TP 1229-P, ALOC*
8. For poor perfusion (*MCG 1355*):  
**Normal Saline 20mL/kg IV rapid infusion** per *MCG 1309*; use warm saline if available  
For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*
9. For cardiac arrest, treat in conjunction with *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.

