

I. General Considerations

- A. Sweating (or lack of sweating) is an unreliable indicator of the severity of heat illness.
 - B. Of primary concern are the patient's vital signs and mental status.
 - C. The patient's baseline health status and medications greatly determine the likelihood of developing and recovering from heat illness.
 - D. The very young and very old are at greatest risk of heat illness.
 - E. There may be pharmacological causes for heat illness.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. Determine the onset, progression and duration of symptoms.
 - B. What was the patient doing before and as the symptoms developed?
 - C. Is there a history of injury or insult?
 - D. Is the patient lightheaded?
 - E. Is the patient nauseated?
 - F. Is the patient experiencing chest pain or trouble breathing?
 - G. Obtain the past medical history, including diabetes, hypertension, cardiovascular disease, pulmonary disease, etc.
 - H. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
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III. Physical Exam

- A. Perform an initial assessment.
 - B. Perform a focused history and physical exam.
 - C. Assess the patient's level of consciousness.
 - D. Assess the skin:
 - 1. Is it warm, hot or cool?
 - 2. Is it dry or moist?
 - 3. Note any color changes (e.g., pale, cyanotic, red).
 - 4. Is there a rash present?
 - E. Assess the environment for temperature and humidity.
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IV. Treatment**Basic**

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Administer high concentration oxygen
- C. Remove the patient's clothing.
- D. If skin is warm to the touch, a fine mist of room temperature water may be sprayed on the patient.
- E. *If medical direction orders it, ice packs may be placed in areas near large superficial arteries.* Discontinue active cooling if shivering occurs and notify medical direction.

Intermediate

- F. Secure IV access. Obtain blood specimen for glucose determination at the hospital if the receiving hospital desires it.
- G. If mental status is altered perform capillary blood glucose determination.
- H. *If patient's blood glucose level is <80 mg/dl, administer dextrose 50% 25 gm IV in a secure vein for an adult (standing order for paramedics) or 0.5 - 1 gm/kg for a child.*

- I. ▲ *Administer thiamine 100 mg IV if dextrose is to be administered.*
- J. ▲ *If IV access cannot be secured, administer 1 mg glucagon IM*

Paramedic

- K. Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols.