## 4702 — Heat Illness / Hyperthermia

### BLS Patient Management

- **Establish, maintain, and ensure:**
  - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
  - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
  - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

- **Oxygen**
  - As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

- **Position the patient** as clinically indicated for safety, comfort, and to meet physiologic requirements

- **Attach ECG leads** to the patient when a paramedic is present

- **Remove from heat**
  - Move to air conditioned / shaded environment and expose. Wet constantly with tepid water, fan, and encourage evaporative cooling but avoid causing shivering

  Obtain a baseline temperature and note the method: tympanic, temporal, axillary, or touch

  Apply cold packs to anterior neck, armpits, and groin. Re-assess temperature frequently. Discontinue cooling as clinically indicated to avoid causing shivering

### ALS Patient Management

- **For heat illness / hyperthermia**
  - Adults: Cooled Normal Saline 250 mL IV/IO bolus. MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L.

    Pediatrics: Cooled Normal Saline 20 mL / kg IV/IO bolus. Use a volume control administration set for accurate dosing. MAY REPEAT AS CLINICALLY INDICATED. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- **For suspected hyperkalemia associated with heat illness / hyperthermia**

  - INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

    *Albuterol 2.5 mg / 3 mL (one pouch), nebulized*

    INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

    *Adults: Calcium Chloride 1 gm (10 mL) IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes.*

    Pediatrics: Calcium Chloride 20 mg / kg IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

    INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

    *Adults: Sodium Bicarbonate 50 mEq (50 mL) IV/IO push.*

    Pediatrics: Sodium Bicarbonate 1 mEq / kg IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
• For shivering associated with heat illness / hyperthermia
  INITIAL AND REPEAT ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).
  Adults: Midazolam 1 mg (0.2 mL) slow IV/IO push or IM/IN.

  ADMINISTRATION OF MIDAZOLAM TO PEDIATRIC PATIENTS FOR HEAT ILLNESS-RELATED SHIVERING IS NOT PERMITTED.