

e-2 - HYPOTHERMIA/FROSTBITE

PRIORITIES:

- ABCs
- Remove from offending environment;
- Assure an advanced life support response
- Determine degree of physiologic distress, identify nature of illness or injury
- If patient is in extremis, begin therapeutic modalities prior to conducting secondary evaluation

Moderate Hypothermia

Body temperature 84 – 95 F (28 – 35 C), conscious and shivering but lethargic, skin pale and cold.

1. Ensure a patent airway
2. Be prepared to support ventilation with appropriate airway adjuncts
3. OXYGEN THERAPY – Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. Gently move to sheltered area minimizing physical exertion or movement of the patient;
5. Cut away wet clothing and cover patient with warm, dry sheets or blankets;
6. Monitor vital signs frequently;.
7. Assist advanced life support personnel with patient packaging and movement to ambulance.

Severe Hypothermia

Body temperature 84 F (28 C), stuporous or comatose, dilated pupils, hypotensive to pulseless, slowed to absent respirations.

1. Handle gently, but ensure a patent airway;
2. OXYGEN THERAPY – Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
3. Remove all wet clothing and wrap in dry blankets. **DO NOT** apply an external heat source;
4. Move gently. Rough handling may precipitate cardiac arrest;
5. Assist advanced life support personnel with patient packaging and movement to ambulance;
6. NOTE: Severe hypothermia patients may appear dead. When in doubt, do CPR.

ENVIRONMENTAL EMERGENCIES

Revised 3/1/2000

Frostbite

Areas of skin that are white, numb or burning, soft to touch but do not re-color with touch.

1. Evaluate and treat HYPOTHERMIA;
2. Move to warm environment and wrap affected extremity with thick, warmed blankets or clothing. DO NOT rub or otherwise attempt active re-warming;
3. Monitor vital signs frequently;
4. Assist Advanced Life Support personnel with patient packaging and movement to ambulance;
5. Consider:
 - Protect injured areas from pressure, trauma, and friction;
 - Do not rub or break blisters;
 - Place gauze between toes and fingers;
 - Gradually warm extremities;
 - Do not allow to refreeze;
 - Restrict movement of extremities. Do not allow patient to walk if feet involved;
 - Keep patient warm but not overheated.