### Hypothermia

#### History
- Age
- Exposure to decreased temperatures, but may occur in normal atmospheric temperatures
- Time and length of exposure
- Drug or alcohol use
- Infection or sepsis
- Past medical history
- Medications

#### Signs and Symptoms
- AMS
- Cold or clammy skins
- Shivering
- Extremity pain or sensory abnormality
- Bradycardia
- Hypotension or shock

#### Differential
- Sepsis
- Environmental exposure
- Hypoglycemia
- CNS dysfunction
- Stroke
- Head injury
- Spinal cord injury

#### Signs and Symptoms
- AMS
- Cold or clammy skins
- Shivering
- Extremity pain or sensory abnormality
- Bradycardia
- Hypotension or shock

#### Pearls
- Severe hypothermia may cause cardiac instability. Avoidance of excess stimuli is important in severe hypothermia as the heart is sensitive and interventions may induce arrhythmias. Necessary interventions should be done as gently as possible.
- Check for pulselessness for 30-45 seconds to avoid unnecessary chest compressions.
- Defer ACLS medications until patient is warmed.
- If V-Fib or pulseless V-Tach is present, shock x1, and defer further shocks.
- Extremes of age, malnutrition, alcohol, and other drug use are contributing factors to hypothermia.
- Patients with prolonged hypoglycemia often become hypothermic; blood glucose analysis is essential.
- If a temperature is unable to be measured, treat the patient based on the suspected temperature.
- Warm packs can be placed in the armpit and groin areas. Care should be taken not to place directly on skin.

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**Spinal motion restriction if indicated**
- Secure airway and support respiratory rate if indicated
- Cardiac monitor
- Establish IV/IO
- Blood glucose analysis
- If SBP < 90 in adults

<table>
<thead>
<tr>
<th>Normal Saline bolus 500mL IV/IO</th>
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<tbody>
<tr>
<td>Reassess patient for criteria above if indicated</td>
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<tr>
<td>May repeat as long as criteria above exists</td>
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If poor perfusion or shock in peds
- Normal Saline bolus IV/IO
- Use PEDIATAPE and refer to dosing guide
- Repeat to age dependent goal SBP
- May repeat as long as criteria above exists

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**Exit to Diabetic TG if indicated**

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**Exit to Airway TG if indicated**

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**Notify receiving facility. Contact Base Hospital for medical direction**