Contra Costa County Emergency Medical Services

Heat Illness/Hyperthermia

**History**
- Exposure to increased temperatures, humidity, or extreme physical exertion
- Time and length of exposure
- Fatigue or muscle cramping
- Poor oral intake of fluids
- Past medical history
- Medications

**Signs and Symptoms**
- AMS
- Hot, dry, or sweaty skin
- Hypotension or shock
- Seizures
- Nausea

**Differential**
- Fever
- Dehydration
- Delirium tremens (DTs)
- Heat cramps
- Heat exhaustion
- Heat stroke

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**E**
- Remove from heat source to cool environment
- Remove tight clothing
- Active cooling measures
- Cardiac monitor
- Establish IV/IO

**P**
- If SBP < 90 in adults
  - Normal Saline bolus 500ml IV/IO
  - Reassess patient for criteria above
  - May repeat as long as criteria above exists
- If poor perfusion or shock in ped
  - Normal Saline bolus IV/IO
  - Use PEDIATAPE and refer to dosing guide
  - May repeat as long as criteria above exists

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**Notify receiving facility. Contact Base Hospital for medical direction, as needed.**

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**Pearls**
- Check an initial temperature and repeat every 15 minutes while actively cooling.
- Extremes of age are more prone to heat emergencies. Obtain and document the patient temperature and location taken.
- Salicylates and some recreational drugs may elevate body temperature.
- Sweating generally disappears as body temperature rises above 104°F.
- Intense shivering may occur as a patient is cooled.
- Seizures may occur with heat stroke; treat seizures per seizure treatment guideline.
- Increasing symptoms merit more aggressive cooling measures. With mild symptoms of heat exhaustion, movement to a cooler environment and fanning may suffice.