Hypothermia/Frostbite

1. Follow **General Pre-hospital Care-Treatment Protocol**

HYPOTHERMIA:

1. If cardiac arrest develops follow **Adult or Pediatric General Cardiac Arrest-Treatment Protocol**.
2. Move patient to a warm dry place, remove wet clothing & wrap in warm blankets and protect from wind exposure.
3. If the patient's temperature is greater than 30° C (86° F) or patient shivering & conscious:
   A. Apply heat packs to groin, axillae, and neck if possible.
   B. Use warmed humidified oxygen if available.
4. If patient is alert, administer warm non-caffeinated beverages (if available) by mouth, slowly.
5. If patient temperature is less than 30° C (86° F)
   A. Gentle handling is required.
   B. Facilitate transport immediately.
6. If altered mental status, check blood glucose (may be MFR skill, see **Blood Glucose Testing-Procedure Protocol)** and treat as indicated per **Adult or Pediatric Altered Mental Status-Treatment Protocol** and assess for other causes of alterations of mentation.
7. If hypotensive, follow **Shock-Treatment Protocol**.
   S A. If a commercial device designed for warming IV fluids is available, warm fluid prior to administration.
8. Administer oxygen, if available oxygen should be warmed and humidified.

SUSPECTED FROSTBITE:

1. Remove wet or constricting clothing. Keep skin dry and protected from wind.
2. Do not allow the limb to thaw if there is a chance that limb may re-freeze before evacuation is complete or if patient must walk to transportation.
3. Dress injured areas lightly in clean cloth to protect from pressure, trauma or friction. Do not rub. Do not break blisters.
4. Keep patient warm.
5. Frostbitten areas should be supported and elevated during transport.
6. Treat pain per **Pain Management-Procedure Protocol**.

Protocol Source/References: NASEMSO CLINICAL GUIDELINES