

HYPOTHERMIA STANDING ORDER

Supportive care:

- Be gentle (rough handling of patient may precipitate arrhythmias)
- Secure and maintain airway
- Remove all wet garments (cut off to avoid jostling the patient)
- Move patient to warm/dry environment and protect from heat loss
- Oxygen to keep SpO₂ > 94%
- Obtain vital signs including temperature and blood glucose
- Cardiac monitoring if available

Use Standing order on patients that are hypothermic with signs/symptoms:

I
N
C
L
U
S
I
O
N

Mild Hypothermia
90 – 95 °F (32-35 °C)

OR

Ataxia
Slurred Speech
Confusion
Impaired judgment
Shivering

Moderate Hypothermia
82 – 90 °F (28-32 °C)

OR

Bradycardia (afib/flutter)
Hyporeflexia
Decreased/absent
shivering

Severe Hypothermia
< 82 °F (<28 °C)

OR

Weak/absent pulse
Hypotensive
Unresponsive
Fixed/dilated pupils
Pulmonary edema
Ventricular dysrhythmia

Use the following treatment orders:

O
R
D
E
R
S

Mild Hypothermia
90 – 95 °F (32-35 °C)

Passive external
rewarming

Moderate Hypothermia
82 – 90 °F (28-32 °C)

Active external rewarming
Warm packs to groin, axillae,
neck and trunk (avoid surface
burns)
20ml/kg NS bolus (warmed if
possible)

Severe Hypothermia
<82 °F (<28 °C)

Continue with moderate
rewarming hypothermia tx
guidelines.
Confirm pulse/rhythm every
30-45 seconds

Special Notes:

- Because field temperature measurement may be imprecise, the recognition of each stage is more important than exact categories.
- If resuscitative measures are indicated: Intubate only if patient is in V-fib or asystole, give IV medications as indicated (although generally ineffective), limit to one shock for VF/VT.