

Hyperthermia Standing Order

Initiate Immediate Supportive Care:

- Oxygen to keep SpO₂ >94%
- Cardiac monitor
- Obtain temperature (if available)

INCLUSION

- **Heat exhaustion** (minor muscle cramps usually in the legs and abdominal wall) with normal temperature
- **Heat exhaustion** (salt and water depletion leading to tachycardia, hypotension, elevated temperature and very painful cramps)
- **Heat stroke** (sweating decreases and the patient is unable to cool themselves due to temperature overload and/or electrolyte imbalance. Temperature usually > 104° F. When no thermometer is available, it is distinguished from heat exhaustion by altered level of consciousness.

ORDERS

BLS Care:

- Move patient to a cool area and shield from sun or external heat source
- If alert may give small sips of cool liquids
- If altered check FSBG level
- If temperature is >104°F begin active cooling:
 - Continually misting the exposed skin with tepid water while fanning the victim (most effective)
 - Truncal ice packs may be used but are less effective than evaporative cooling
 - Stop rapid cooling if shivering
- For heat exhaustion/stroke establish an IV (if authorized)

ALS Care:

- Administer 20 ml/kg bolus, may repeat once. Reassess hemodynamic and pulmonary status at 500 ml intervals.
- For seizures, follow **Seizure Standing Order**
- For nausea or vomiting, follow Abdominal pain, Nausea & Vomiting Standing Order

If no improvement or patient condition deteriorates:

- Start appropriate resuscitative measures
- Contact Medical Direction Authority immediately