

## 1) Routine Medical Assessment

**NOTE:** *If the patient's rectal temperature is less than 90 F and the patient is in cardiac arrest, do not go to cardiac protocols, and continue with the Hypothermic Protocol. Patients with rectal temperatures greater than 90 F are to be treated as normothermic according to protocol.*

**NOTE:** *Resuscitation attempts should be made in hypothermic drowning events that have a under water time of 90 minutes or less.*

## 2) If the patient is unresponsive

- a) Remove wet clothing and cover with dry blankets. Begin re-warming procedures with hot packs and warmed IV fluids.
- b) Administer 100% oxygen by non-rebreather mask.
- c) Check carefully for spontaneous respirations and pulses.
- d) Apply the monitor to determine underlying rhythm.

### Ventricular Fibrillation

- Defibrillate once @ 360 J
- CPR and insert advanced airway
- Attach LUCAS and ResQ-Pod when available
- Transport

### Asystole

- CPR and insert advanced airway
  - Attach LUCAS and ResQ-Pod when available
  - Transport
- e) Establish IV/IO of normal saline, TKO.
  - f) Check the patient's blood sugar. If the blood sugar is less than 70 mg/dl, administer 25 G (50 cc) of D50W.

## 3) If the patient is responsive,

- a) Administer oxygen, 2L by nasal cannula. Titrate to maintain oxygen saturation of at least 94%.
- b) Establish an IV of normal saline, TKO.
- c) Remove wet clothing and cover with dry blankets. Begin re-warming procedures with hot packs and warmed IV fluids.

**NOTE:** *Handle hypothermia patients very carefully. They are prone to ventricular fibrillation.*

Steve Stroman, MD, FACEP, FAAEM, EMT-P Medical Director, Oshkosh Fire Dept
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