

PEDIATRIC

Hypothermia

Oshkosh Fire Dept

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, 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.
 - 1) **Ventricular Fibrillation**
 - Defibrillate once @ 2 J/Kg
 - CPR and begin Transport
 - 2) **Asystole for one minute (without CPR) with pulse check**
CPR only and begin transport
- e) If no spontaneous respirations or pulses present, perform CPR with BVM, and intubate the patient.
- f) Obtain rectal temperature
- g) Establish IV/IO of normal saline, TKO.
- h) Check the patient's blood sugar. If the blood sugar is less than 70 mg/dl, administer 1 gram/Kg of D25W IV/IO.

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