

# ADULT HYPERTHERMIA

## HEAT EMERGENCIES

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> <li>Exposure time to heat</li> <li>Extremities of age</li> <li>PMH</li> <li>Poor PO intake</li> </ul>	<ul style="list-style-type: none"> <li>AMS</li> <li>Hot, dry, sweaty skin</li> <li>Pale, clammy skin</li> <li>Fatigue, dizziness</li> <li>Nausea/vomiting</li> <li>Frontal headache</li> <li>Seizures</li> </ul>	<ul style="list-style-type: none"> <li>Heat cramps</li> <li>Heat exhaustion</li> <li>Heat stroke</li> <li>Dehydration</li> <li>Cocaine, amphetamines</li> <li>Fever</li> </ul>

	EMR	EMT	PM
1. Provide <a href="#">Adult Routine Medical Care</a> - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Move patient to cool environment, remove clothing to facilitate cooling	•	•	•
3. Obtain ECG and/or 12 lead, monitor Capnography.		•	•

**STROKE:** Altered Mental Status, flushing, hot skin (dry or moist), temperature  $\geq 104F^{\circ}$

4. Establish IV/IO and administer <b>NORMAL SALINE</b> only if patient is hypotensive			•
5. Initiate active rapid cooling: Douse towels or sheets with cool water, place on patient, and fan body Apply cold packs to neck, axilla, and groin	•	•	•

**EXHAUSTION:** AMS, sweating, weakness, nausea/vomiting, syncope

4. <b>NORMAL SALINE</b> in 500mL increments, titrate to desired effect	•
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**NOTE:**

- Stop active cooling if patient begins to shiver.
- Heat cramps are indicated by normal level of consciousness and muscle cramps or spasms. There is no treatment for these patients.
- If patient seizes, refer to [Seizure Protocol](#)

**PEARLS:**

- Geriatrics are more sensitive to extreme temperatures.
- Sweating generally stops as core temperature rises above  $104F^{\circ}$  which is indicative of heat stroke