

# PEDIATRIC HYPERTHERMIA HEAT EMERGENCIES

| HPI  | Signs & Symptoms   | Differential Diagnosis   |
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| <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="#">Pediatric 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, monitor Capnography.  |     | •   | •  |

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

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|--|---|---|---|
| 4. Initiate active rapid cooling:<br>Douse towels or sheets with cool water, place on patient, and fan body<br>Apply cold packs to neck, axilla, and groin | • | • | • |
|--|---|---|---|

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

|  |   |
|--|---|
| 4. <a href="#">NORMAL SALINE</a> 20 mL/kg increments, may repeat if remain unstable, max. 60mL/kg, titrate to improved patient condition | • |
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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 [Pediatric Seizure Protocol](#)

**PEARLS:**

- Pediatrics are more sensitive to extreme temperatures.
- Sweating generally stops as core temperature rises above 104F<sup>°</sup> which is indicative of heat stroke