

PEDIATRIC HYPOTHERMIA

COLD EMERGENCIES

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> Exposure to environment Extremes of age Length of exposure Water involvement Alcohol, barbiturates use 	<ul style="list-style-type: none"> Cold, clammy skin Shivering AMS Extremity pain Sensory abnormality Bradycardia Hypotension 	<ul style="list-style-type: none"> Environmental exposure Sepsis Hypoglycemia

	EMR	EMT	PM
1. Provide Pediatric Routine Medical Care - treat life threatening problems with airway, breathing, circulation and disability.	●	●	●
2. Move patient to warm environment. Remove wet clothing.	●	●	●
3. Obtain ECG, monitor Capnography.		●	●

SYSTEMIC HYPOTHERMIA: Whole body involvement

4. Apply heat packs to neck, axilla, groin and thorax	●	●	●
5. Assess for pulse. If no pulse present follow appropriate cardiac protocol			
a. <u>extremities flex</u> : extend time between medication, repeat defibrillation as core temp. rises			●
b. <u>extremities DO NOT flex</u> : withhold medications, only defibrillate x1			
			●

FROSTBITE: Isolated body areas of involvement

4. Rapidly re-warm frozen areas with warm water or hot packs wrapped in a towel	●	●	●
5. Apply dry sterile dressing (treat like a burn)	●	●	●
6. Immobilize and elevated frozen areas	●	●	●
7. For Pediatric Pain Management : FENTANYL : 1 mcg/kg IVP/IN/IO/IM, max single dose 100 mcg, repeat every 10 min., max total dose 200 mcg			●

NOTE:

- [Termination of Resuscitative Efforts](#) does not apply to these patients.

PEARLS:

- In patients suffering from moderate to severe hypothermia, it is critical to not allow these patients to stand or exercise as this may cause circulatory collapse
- Shivering typically ceases when core temperature is below 32°C / 90°F.