

ENVIRONMENTAL EMERGENCIES

Heat Illness/Hyperthermia E1

HEAT CRAMPS/HEAT EXHAUSTION

Exhaustion, vague flu-like symptoms, normal/slightly elevated body temperature, normal mental status.

1. Ensure a patent airway
 - **OXYGEN** - low flow
2. Move patient to a cool environment
3. Consider:
 - **IV ACCESS TKO**

Suspect heat stroke in any patient with an altered level of consciousness in a hot environment, or any patient with hot, dry skin.

HEAT STROKE

Triad of exposure to heat stress, altered level of consciousness and elevated body temperature, often associated with absence of sweating, tachycardia, and hypotension.

1. Ensure a patent airway
 - **OXYGEN** - high flow
2. Move to cool environment and begin cooling measures:
 - remove clothing and splash/sponge with water
 - place cool packs on neck and in axilla and inguinal areas
 - promote cooling by fanning
 - be prepared for possible seizures
3. **IV ACCESS TKO**
4. **FLUID BOLUS** up to 500ml, repeat vital signs
5. Test **BLOOD GLUCOSE** level
6. **DEXTROSE 50%** 25 gm IV if blood glucose level equal to or less than 60
7. **NALOXONE** 1-2 mg per dose IV or IM (if unable to establish IV) if patient has respiratory compromise and narcotic overdose is suspected
8. Consider:
 - repeat **FLUID BOLUS** 500 ml, repeat vital signs
 - **DOPAMINE** infusion beginning at 5 mcg/kg/min if hypotension persists (see [Table 1](#))

For seizures in the setting of heat stroke:

- **MIDAZOLAM** 1-5 mg IV (initial dose 1 mg, titrate in 1-2 mg increments). Use caution in patients over age 60
 - **MIDAZOLAM** 0.2 mg/kg IM (maximum dose 10 mg IM) if IV route unavailable
9. **Contact Base Hospital if any questions or if additional therapy is required**