



POLICY: 555.62
 TITLE: Hypothermia - Pediatric
 EFFECTIVE: 02/13/2019
 REVIEW: 02/2024
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

HYPOTHERMIA - PEDIATRIC

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL: Patients with mild hypothermia will not be comatose due to that illness. They will often be mildly confused or sleepy. Mental status may be more depressed if intoxication, head injury, shock, ketoacidosis or stroke have caused secondary mild hypothermia.

STANDING ORDERS	
MILD HYPOTHERMIA (88-95 F. / 31-35 C)	
ASSESS	CAB
WARMING MEASURES	Remove wet clothing and cover patient with warm dry, blankets.
OXYGEN	Warmed, humidified oxygen, if available.
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	Warm IV fluid, TKO with microdrip tubing and volume control chamber. Avoid cold fluids.
CONSIDER	
ACCUCHECK	Test for glucose.
DEXTROSE	If blood glucose less than 60mg/dl: Less than <1 year D10W 5 ml/kg IV/IO. Greater than >1 year D10 150 mL (15 gms) IV/IO. Give oral glucose solution to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.
GLUCAGON	If blood glucose less than 60 mg/dl and no IV/IO access immediately available. 0.5 mg – less than 2 years 1.0 mg – 2 years or greater May repeat once. Recheck blood glucose in 5 minutes.
NALOXONE	0.1 mg/kg IV/IO/IN/IM, only if respiratory rate less than 10/minute or systolic BP below length-based tape target, AND narcotic overdose is suspected, (i.e. pin-point pupils, track marks, drug paraphernalia, history of narcotic use, etc.) May repeat once in 3 minutes if partial response to treatment.

SEVERE HYPOTHERMIA
(less than 88 F / less than 31C)

ASSESS

CAB

WARMING MEASURES

Remove wet clothing and cover patient with warm dry, blankets.

SECURE AIRWAY

As appropriate.. Spontaneous ventilations of 4-6 per minute may be adequate. Refer to General Procedures Protocol 554.00.

OXYGEN

Warm, humidified oxygen.

MONITOR

Observe rhythm and pulses for one minute - if organized rhythm present **move gently**. Treat dysrhythmia as appropriate.

IV/IO ACCESS

Warm IV fluid, TKO with microdrip tubing and volume control chamber. Avoid cold fluids.

CONSIDER

ACCUCHECK

Test for glucose.

DEXTROSE

If blood glucose less than 60mg/dl: D10W 5 ml/kg IV/IO. Give oral glucose solution to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.

GLUCAGON

If blood glucose less than 60 mg/dl and no IV/IO access immediately available.
0.5 mg – less than 2 years / 1.0 mg – 2 years or greater; May repeat once. Recheck blood glucose in 5 minutes.

NALOXONE

0.1 mg/kg IV/IO/IN/IM, only if respiratory rate less than 10/minute or systolic BP below length-based assessment tape target, AND narcotic overdose is suspected, (i.e. pin-point pupils, track marks, drug paraphernalia, history of narcotic use, etc.) May repeat once in 3 minutes if partial response to treatment.

CARDIAC ARREST

Severe bradycardia with pulses requires no arrhythmic therapy. Give only one dose of each drug during cardiac arrest but continue normal CPR and defibrillation attempts.