



POLICY: 554.62  
TITLE: Hypothermia

EFFECTIVE: 4/10/19  
REVIEW: 4/2024  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

**HYPOTHERMIA**

- I. **AUTHORITY**  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. **PURPOSE**  
To serve as a patient 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 has caused secondary mild hypothermia.

**STANDING ORDERS**

**MILD HYPOTHERMIA**

**Verbally responsive or GCS less than or equal to 12**

|                         |  |
|-------------------------|--|
| <b>ASSESS</b>           | CAB  |
| <b>WARMING MEASURES</b> | Remove wet clothing and cover patient with warm dry blankets.  |
| <b>OXYGEN</b>           | Oxygen delivery as appropriate   |
| <b>MONITOR</b>          | Treat rhythm as appropriate.   |
| <b>IV/IO ACCESS</b>     | Warm IV fluid, rate as indicated.  |
| <b>CONSIDER</b>         |  |
| <b>ACCUCHECK</b>        | Test for glucose   |
| <b>DEXTROSE</b>         | 25 gms IV/IO push – if blood glucose less than 60 mg/dl. May repeat once. Recheck blood sugar 5 minutes after each dose. Give oral glucose solution to patients who are awake and have an intact gag reflex.   |
| <b>GLUCAGON</b>         | 1 unit IM – if no IV/IO access immediately available and blood glucose less than 60 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.  |
| <b>NALOXONE</b>         | 2 mg IN (IV/IO/IM if IN not available), only if respiratory rate less than 10/minute or systolic BP less than 90mmHg AND narcotic overdose is suspected: pinpoint pupils, track marks, drug paraphernalia, or history of narcotic use. May repeat ONCE in 3 minutes if inadequate response<br><b>Narcan must be administered before intubating a symptomatic narcotic overdose</b> |

**STANDING ORDERS CONTINUED**

**SEVERE HYPOTHERMIA**

**Verbally responsive or GCS greater than or equal to 12**

**ASSESS**

CAB

**WARMING MEASURES**

Remove wet clothing and cover patient with warm dry blankets.

**\*Sudden movement to patient may cause life-threatening arrhythmia\***

**SECURE AIRWAY**

Intubate **only if absolutely necessary**. Spontaneous ventilations of 4-6 per minute may be adequate. Use the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Beyond BLS airway management refer to General Procedures Protocol 554.00

**OXYGEN**

Oxygen delivery as appropriate.

**MONITOR**

Observe rhythm and pulses for one minute - if organized rhythm present, **move gently**. Treat dysrhythmias as appropriate. Severe bradycardia with pulses requires no antiarrhythmic therapy.

**IV/IO ACCESS**

Warm IV fluid, rate as indicated. Most severely hypothermic patients are volume-depleted.

**CONSIDER**

**ACCUCHECK**

Test for glucose

**DEXTROSE**

25 gms IV/IO push – if blood glucose less than 60 mg/dl. May repeat once. Recheck Blood Sugar in 5 minutes after each dose. Give oral glucose solution to patients who are awake and have an intact gag reflex.

**GLUCAGON**

1 unit IM – if no IV/IO access immediately available and blood glucose less than 60 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.

**NALOXONE**

2 mg IN (IV/IM/IO if IN not available), only if respiratory rate less than 10/minute or systolic BP less than 90mmHg AND narcotic overdose is suspected: pinpoint pupils, track marks, drug paraphernalia, or history of narcotic use. May repeat ONCE in 3 minutes if inadequate response

**Narcan must be administered before intubating a symptomatic narcotic overdose.**

**CARDIAC ARREST**

Give only one dose of each drug during cardiac arrest, but continue normal CPR and defibrillation attempts.