**Hypothermia**

**History**
- Past medical history
- Medications
- Exposure to environment even in normal temperatures
- Exposure to extreme cold
- Extremes of age
- Drug use: Alcohol, barbituates
- Infections / Sepsis
- Length of exposure / Wetness

**Signs and Symptoms**
- Cold, clammy
- Shivering
- Mental status changes
- Extremity pain or sensory abnormality
- Bradycardia
- Hypotension or shock

**Differential**
- Sepsis
- Environmental exposure
- Hypoglycemia
- CNS dysfunction
  - Stroke
  - Head injury
  - Spinal cord injury

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**Universal Patient Care Protocol**

1. **P** Cardiac Monitor
   - Temperature < 95° F (35° C)
   - **Yes**
     - Handle very gently
     - Remove wet clothing
     - Hot Packs and Blankets
     - Blood Glucose
   - **No**
     - **I** Blood Glucose
     - If Glucose < 60
       - **D50** if Adult
       - **D10** if Pediatric
       - **Glucagon** if No IV
     - **B** Consider **Naloxone**

2. **Appropriate Protocol**
   - Based on patient symptoms
   - **M** Contact Medical Control

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**Pearls**
- **Recommended Exam:** Mental Status, Heart, Lungs, Abdomen, Extremities, Neuro
- **NO PATIENT IS DEAD UNTIL WARM AND DEAD.**
- Defined as core temperature < 35° C (95° F).
- Extremes of age are more susceptible (i.e. young and old).
- With temperature less than 30° C (86° F) ventricular fibrillation is common cause of death. Handling patients gently may prevent this.
- If the temperature is unable to be measured, treat the patient based on the suspected temperature.
- Hypothermia may produce severe bradycardia so take at least 45 second to palpate a pulse.
- Hot packs can be activated and placed in the armpit and groin area if available. Care should be taken not to place the packs directly against the patient's skin.
- Consider withholding CPR if patient has organized rhythm or has other signs of life. Discuss with medical control.
- Intubation can cause ventricular fibrillation so it should be done gently by most experienced person.
- Do not hyperventilate the patient as this can cause ventricular fibrillation.
- If the patient is below 30 degrees C or 86 F then only defibrillate 1 time if defibrillation is required. Normal defibrillation procedure may resume once patient reaches 30 degrees C or 86 F.
- Below 30 degrees C (86 F) antiarrhythmics may not work and if given should be given at reduced intervals contact medical control before they are administered.
- Below 30 C or (86 F) pacing should not be done.