Information Needed

1. History: length of exposure, type of exposure (snow, water, wind, sheltered), loss of consciousness, injury; past medical and psychiatric hx; medications; drug or alcohol use.
2. Physical findings: mental status, rectal temperature (<95 degrees F. significant), shivering, environmental temperature, evidence of trauma, Osborne wave or "j" deflection between QRS and ST segments on EKG.

Treatment

1. All patients
   a. Remove wet clothing.
   b. Protect against further heat loss and wind chill.
   c. Maintain horizontal position.
   d. Avoid rough movement and excessive activity.
   e. Obtain a core temperature.
   f. Protect airway and assist ventilation as needed.
   g. Oxygen, if possible heated and humidified: moderate to high flow.
   h. Determine vital signs (pulse, blood pressure, respirations, SPO2)
   i. Perform patient assessment.
   j. Establish venous access, draw blood tubes.
   k. Monitor cardiac rhythm.
2. Pulse and breathing absent.
   a. Start CPR.
   b. Defibrillate VF/VT with one shock.
   c. If core temperature $\geq 86^{O}$F give medications at longer than standard intervals. Otherwise treat per cardiac arrest protocol.
   d. If core temperature $<86^{O}$ F continue CPR, withhold medication and limit shocks to one until re-warming has been performed.
3. Limit active re-warming to warm normal saline and heated O_2 if available.

4. Consult medical control early for guidance.

Notes

1. Heart rate can be very slow with hypothermia, allow 1-2 minutes for pulse check. Do not give Atropine for bradycardia in severe hypothermia (see above).
2. Patients have been successfully resuscitated from a core temperature of 63 degrees F.
3. Hypothermia may be a sign of hypoglycemia.
4. The elderly may become hypothermic in their homes.
5. Classifications of hypothermia:
   a. Mild Hypothermia: 92 - 96 degrees F.
   b. Moderate Hypothermia: 86 – 92 degrees F.
   c. Severe Hypothermia: < 86 degrees F.