Information Needed

1. History: sudden collapse or gradual development, humid or confined environment, hot day, exercise induced, shortness of breath, dizziness, nausea, muscle cramps, pain or discomfort.
2. Physical findings: temperature $\geq 104^{O}$ F., skin hot and usually dry, acute psychosis or seizures.

Treatment

1. Protect airway and assist ventilation as needed.
2. Administer moderate to high flow O_2 as needed.
3. Determine vital signs (pulse, blood pressure, respirations, SPO2).
4. Perform patient assessment.
5. Remove clothes and cool with wet sheets. Avoid shivering. Cold packs may be applied to neck, axilla or groin.
6. Establish venous access. Give fluid challenge or bolus as needed.
7. Monitor cardiac rhythm.

Notes

1. Heat stroke most often presents with dry, hot, flushed skin in association with delirium and is a major medical emergency.
2. Heat exhaustion is more likely to have muscle cramps in association with lots of sweating causing electrolyte loss.
3. Wet sheets need good air flow to decrease body temperature.
4. Do not delay transport to cool the patient.
5. Awake, alert patients with mild heat related illness can be encouraged to drink fluids.