Information Needed:

1. History: length of exposure, did injured body part thaw and refreeze, loss of sensation, environmental temperature; past medical hx, medications, drug or alcohol use.
2. Physical findings: evidence of local injury, skin appearance (red, white, waxy, hard to touch, blisters).

Treatment:

1. Treat airway, breathing and circulation as first priority.
2. Determine vital signs (pulse, blood pressure, respirations, SPO2, ECG).
3. Perform physical exam and check distal circulation, sensation and movement.
4. Remove wet, constricting clothing. Keep skin dry and protected from wind.
5. Do not allow the body part to thaw if there is a chance the body part may refreeze.
6. Rewarm minor “frostnip” by placing in axilla or against trunk inside clothing.
7. Do not allow the patient to use limb once it has started to thaw.
8. Dress injured area lightly in clean cloth to protect from pressure, and friction. Remove jewelry from injured areas. Do not rub injury or break blisters.
9. Maintain core temperature.

Notes

1. Thawing and rewarming should be done under controlled conditions.
2. Thawing and rewarming are rarely necessary in the field.
3. Patients with frostbite will often be hypothermic. Don't let the frostbite take your attention away from full pt assessment.