

County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL SERVICES PROGRAM

Protocol No. E1 Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: HEAT EXPOSURE

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Implement cooling measures.
- C. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

A. Heat Exhaustion: *

- 1. Treat life threats. (See Policy 4000)
- 2. Transport.
- 3. Contact Base Station.

B. Heat Stroke: **

- 1. Treat life threats. (See Policy 4000)
- 2. Start aggressive cooling measures.
- 3. Transport.
- 4. Contact Base Station.

Note:

*Heat Exhaustion: Usually occurs in healthy individuals who have exercise induced hypovolemia. Example: Joggers.

Clinical Signs: Normal temperature, wet pale skin, tachycardia, syncope, vomiting/diarrhea.

<u>Treatment</u>: Heat exhausted patients are always fluid depleted. IV fluid therapy can help to correct fluid and electrolyte imbalances.

**Heat Stroke: The patients most susceptible are the inactive, the elderly or the overactive healthy youth. Phenothiazines, tricyclics, antihistamines, amphetamines, alcohol, and diuretics may potentiate heat stroke.

Clinical Signs: High body temperature with ALOC, dry hot skin, seizures, tachycardia.

<u>Treatment</u>: Heat stroke patients require <u>immediate</u> rapid cooling. The most effective method is evaporative cooling achieved by wetting the skin and moving air across the body.