

HYPERTHERMIA STANDING ORDER

Initiate immediate supportive care:

- Secure & maintain airway
- Oxygen to keep O2 SAT >90%
- Cardiac Monitor
- Obtain vital signs
- Obtain finger stick blood glucose
- Obtain temperature reading (if available)
- Move patient to cooler environment and begin cooling measures



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Use standing order on patients with hyperthermic symptoms:

HEAT CRAMPS/EXHAUSTION

- History of heat exposure
- Painful muscle cramps following strenuous activity

HEAT STROKE

- History of heat exposure
- Fainting or loss of consciousness
- Altered mental status: confusion or combativeness
- Hyperthermia

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HEAT CRAMPS/EXHAUSTION

1. Institute cooling measures
2. Establish IV NS to maintain adequate peripheral perfusion:
 - 20cc/kg bolus*
 - Reassess patient after each bolus

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HEAT STROKE

1. Institute cooling measures
2. Keep patient NPO
3. Establish IV NS to maintain adequate peripheral perfusion:
 - 20cc/kg bolus*
 - Reassess patient after each bolus
4. If shivers develop stop rapid cooling
5. Prepare for seizures and dysrhythmias
 - **For seizure activity secondary to hyperthermia:** Administer Diazepam
 - Peds < 5 yo:
0.3 mg/kg slow IV push to a max of 5mg
or 0.5 mg/kg rectally to a max of 10mg
 - Peds > 5 yo:
0.3 mg/kg slow IV push to a max of 10mg
or 0.5 mg/kg rectally to a max of 20mg
6. For nausea or vomiting administer Ondansetron:
 - **ADULT: IV** 4mg over 2-5 min. May repeat once after 15 min if no response.
 - **PEDS: IV** 0.1 mg/kg over 2-5 min up to a max dose of 4 mg

Or

PO 0.1 mg/kg up to a max dose of 4mg. (Can mix with medication flavoring). May repeat once after 15 min if no response.

Contact medical direction for deterioration in patient condition

*Caution: avoid volume overload in geriatric patients