

# HYPOTHERMIA STANDING ORDER

## Initiate immediate supportive care:

- Secure & maintain airway
- Remove all wet garments
- Move patient to warm/dry environment and protect from heat loss
- Oxygen to keep O2 SAT >90%
- Obtain vital signs and blood glucose
- Obtain temperature reading and cardiac monitor (if available)

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## Use standing order on patients with hypothermic symptoms:

### MILD HYPOTHERMIA 96.8\* - 94\* F (34\* - 36\*C)

- Confusion/lethargy
- Shivering
- Loss of fine motor coordination
- Hemodynamically stable

### MODERATE HYPOTHERMIA 93\* - 86\* F (30\* - 34\* C)

- Delirium
- Shivering slows or is absent
- Slowed reflexes
- Pale, cold skin
- Pupils dilated and slow to react
- Bradycardia
- Possible increase in urination secondary to cold diuresis

### SEVERE HYPOTHERMIA Below 86\* F (30\* C)

- Unresponsive
- Extreme rigidity
- Fixed & dilated pupils
- Very cold skin
- Abnormal cardiac rhythms
- Weak/absent pulses
- Pulmonary edema
- Hypoventilation

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## Use the following treatment orders:

### MILD HYPOTHERMIA 96.8\* - 94\* F (34\* - 36\*C)

- Passive external rewarming
- Cover with warm blankets

### MODERATE HYPOTHERMIA 93\* - 86\* F (30\* - 34\* C)

- Active external rewarming
- Warm packs to groin, axillae, neck, and trunk (Be aware of the possibility of causing surface burns)
- IV NS (warmed if possible)

If resuscitative measures are indicated:

- Give IV medications as indicated but space at longer than standard intervals.

### SEVERE HYPOTHERMIA Below 86\* F (30\* C)

- Continue with the "Moderate Hypothermia" treatment guidelines and:
- Confirm rhythm for 30-45 seconds.

If resuscitative measures are indicated:

- Intubate gently and only if the patient is in VFib or Asystole
- Limit to one shock for VF/VT.
- Withhold IV medications until temperature > 86\* F (30\*C)

Contact medical direction if no improvement or for a decline in patient condition.