

*Michigan*  
**Adult Treatment Protocols**  
**HEAT EMERGENCIES**

Date: May 31, 2012

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***Heat Emergencies***

**Pre-Medical Control**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow **General Pre-hospital Care Protocol**.
2. Determine history/evidence of heat exposure.

**EMT/SPECIALIST/PARAMEDIC**

3. Check blood glucose and treat hypoglycemia per **Altered Mental Status Protocol**.

**HEAT CRAMPS:**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Move the patient to a cool environment and attempt oral liquids.
2. Contact Medical Control.

**HEAT EXHAUSTION:**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Move the patient to a cool environment.
2. Remove Tight Clothing.
3. Cool patient, provide air conditioning/fanning. Avoid chilling/shivering.

**SPECIALIST/PARAMEDIC**

4. NS IV/IO fluid bolus up to 1 liter, wide open.
  - A. Patient may take oral fluid replacement rather than IV if no nausea. Allow oral intake of cool fluids or water (may use commercial sports/rehydration drinks). Do not permit patient to drink if altered mental status, abdominal pain or nausea. Avoid carbonated, alcoholic and caffeinated beverages.

**EMT/SPECIALIST/PARAMEDIC**

5. Contact Medical Control.

**HEAT STROKE:**

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. Move the patient to a cool environment.
2. Remove tight clothing.
3. Immediate cooling – provide air conditioning and fanning. Avoid chilling/shivering.
4. Place patient in semi-reclining position with head elevated.

**SPECIALIST/PARAMEDIC**

5. NS IV/IO fluid bolus up to 1 liter, wide open, repeat as indicated.

**EMT/SPECIALIST/PARAMEDIC**

6. Contact Medical Control.

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**MANAGEMENT OF PATIENT WITH EXERTIONAL HEAT STROKE**

7. Cool as quickly as possible via ice or cool-water immersion, if possible. Alternative means such as water dousing may be used if immersion is not possible, dousing is not as effective.
  - A. Cool as much of the body as possible, especially the torso.
8. **Cool first, transport second when possible.**

**SPECIALIST/PARAMEDIC**

9. Obtain vascular access; consider resting the patient's arm on the side of immersion tub to start IV while patient is still immersed.
10. If patient experiences seizures, refer to **Seizures Protocol**.

**PARAMEDIC**

11. Monitor ECG (lead cables can go in the water).