

Initial Date: 5/31/2012 Revised Date: 05/22/2023

Michigan TRAUMA AND ENVIRONMENTAL HYPOTHERMIA/FROSTBITE

Hypothermia/Frostbite

1. Follow General Pre-hospital Care-Treatment Protocol

HYPOTHERMIA:

- 1. If cardiac arrest develops follow Adult or Pediatric General Cardiac Arrest-Treatment Protocol.
- 2. Move patient to a warm dry place, remove wet clothing & wrap in warm blankets and protect from wind exposure.
- 3. If the patient's temperature is greater than 30° C (86° F) or patient shivering & conscious:
 - A. Apply heat packs to groin, axillae, and neck if possible.
 - B. Use warmed humidified oxygen if available.
- 4. If patient is alert, administer warm non-caffeinated beverages (if available) by mouth, slowly.
- 5. If patient temperature is less than 30° C (86° F)
 - A. Gentle handling is required.
 - B. Facilitate transport immediately.
- 6. If altered mental status, check blood glucose (may be MFR skill, see Blood Glucose Testing-Procedure Protocol) and treat as indicated per Adult or Pediatric Altered Mental Status-Treatment Protocol and assess for other causes of alterations of mentation.
 - 7. If hypotensive, follow **Shock-Treatment Protocol**.
 - S A. If a commercial device designed for warming IV fluids is available, warm fluid prior to administration.
 - 8. Administer oxygen, if available oxygen should be warmed and humidified.

SUSPECTED FROSTBITE:

- 1. Remove wet or constricting clothing. Keep skin dry and protected from wind.
- 2. Do not allow the limb to thaw if there is a chance that limb may re-freeze before evacuation is complete or if patient must walk to transportation.
- 3. Dress injured areas lightly in clean cloth to protect from pressure, trauma or friction. Do not rub. Do not break blisters.
- 4. Keep patient warm.
- 5. Frostbitten areas should be supported and elevated during transport.
- 6. Treat pain per Pain Management-Procedure Protocol.

Protocol Source/References: NASEMSO CLINICAL GUIDELINES