

Treatment Protocols**Date: 07/01/2023****Hypothermia****Policy #9110P****Pediatric BLS Standing Orders**

- **Universal Patient Protocol**
- **Scene Safety**
- Assess and intervene on airway PRN per **Airway Policy**
- Give oxygen and/or ventilate PRN
- Monitor O2 saturation PRN
- Blood glucose PRN
- Capnography
- Remove patient from hostile environment

Hypothermia

- Handle patient gently and avoid unnecessary movement
- Remove wet clothing
- Initiate gentle warming with blankets or warm packs
- Do not apply heat directly to the skin
- Insulate to prevent further heat loss

Frostbite

- Do not rewarm if any chance of refreezing
- Rewarm gently, avoid trauma
- Do not massage or rub affected extremity
- Wrap affected body part in dry, sterile gauze to prevent further exposure and handle with extreme care
- Separate affected digits with dry gauze

Pediatric LALS Standing Orders

- Establish IV PRN
- Capnography

Hypothermia and hypotensive

- Warmed 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1

Refer to **Shock Protocol** for persistent hypotension

Pediatric ALS Standing Orders

- Monitor EKG
- Establish IV/IO
- Capnography
- Obtain 12 Lead ECG
- Consider **Pain Medication Protocol**

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Pediatric Base Hospital Orders**Frostbite**

- **BHP:** Repeat pain medication dosing per Pain Management Protocol

Notes:

- Hypothermia can occur at any time of year, and in any age group
- The especially old and young are at the highest risk
- Remember scene safety and the avoidance of putting yourself at risk

Hypothermic Cardiac Arrest (Ex: If patient is found down in near-freezing temperatures, or was pulled from near-frozen water)

- If no pulse is present, start CPR
- If defibrillation is indicated, limit to one (1) shock until patient is warm
- If patient presents with dysrhythmias, treat as appropriate
- If core temperature is less than 86°F, withhold IV medications until body temperature rises

APPROVED:

Signature on File

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