



POLICIES AND PROCEDURES

POLICY: 555.62
TITLE: Hypothermia - Pediatric

EFFECTIVE: 02/13/2019
REVIEW: 02/2024
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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HYPOTHERMIA - PEDIATRIC

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL: Patients with mild hypothermia will not be comatose due to that illness. They will often be mildly confused or sleepy. Mental status may be more depressed if intoxication, head injury, shock, ketoacidosis or stroke have caused secondary mild hypothermia.

STANDING ORDERS	
MILD HYPOTHERMIA (88-95 F. / 31-35 C)	
ASSESS	CAB
WARMING MEASURES	Remove wet clothing and cover patient with warm dry, blankets.
OXYGEN	Warmed, humidified oxygen, if available.
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	Warm IV fluid, TKO with microdrip tubing and volume control chamber. Avoid cold fluids.
CONSIDER	
ACCUCHECK	Test for glucose.
DEXTROSE	If blood glucose less than 60mg/dl: D50W 1 ml/kg IV/IO for patient over 2 years or D25W 2 ml/kg IV/IO for patients under 2 years. May repeat once. Give oral glucose solution to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.
GLUCAGON	0.05 mg/kg IM - if blood glucose less than 60 mg/dl and no IV/IO access immediately available. May repeat once. Recheck blood glucose in 5 minutes.
NALOXONE	0.1 mg/kg IV/IO/IN/IM, only if respiratory rate less than 10/minute or systolic BP below Broselow tape target, AND narcotic overdose is suspected, (i.e. pin-point pupils, track marks, drug paraphernalia, history of narcotic use, etc.) May repeat once in 3 minutes if partial response to treatment.

SEVERE HYPOTHERMIA
(less than 88 F / less than 31C)

ASSESS	CAB
WARMING MEASURES	Remove wet clothing and cover patient with warm dry, blankets.
SECURE AIRWAY	As appropriate.. Spontaneous ventilations of 4-6 per minute may be adequate. Refer to General Procedures Protocol 554.00.
OXYGEN	Warm, humidified oxygen.
MONITOR	Observe rhythm and pulses for one minute - if organized rhythm present move gently . Treat dysrhythmia as appropriate.
IV/IO ACCESS	Warm IV fluid, TKO with microdrip tubing and volume control chamber. Avoid cold fluids.
CONSIDER	
ACCUCHECK	Test for glucose.
DEXTROSE	If blood glucose less than 60 mg/dl: D50W 1 ml/kg IV/IO for patient over 2 yrs or D25W 2 ml/kg IV/IO for patients under 2 years. May repeat once. Give oral glucose solution to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.
GLUCAGON	0.05 mg/kg IM - if blood glucose less than 60 mg/dl and no IV/IO access immediately available. May repeat once. Recheck blood glucose in 5 minutes.
NALOXONE	0.1 mg/kg IV/IO/IN/IM, only if respiratory rate less than 10/minute or systolic BP below Broselow tape target, AND narcotic overdose is suspected, (i.e. pin-point pupils, track marks, drug paraphernalia, history of narcotic use, etc.) May repeat once in 3 minutes if partial response to treatment.
CARDIAC ARREST	Severe bradycardia with pulses requires no arrhythmic therapy. Give only one dose of each drug during cardiac arrest but continue normal CPR and defibrillation attempts.