

HEAT ILLNESS

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Exposure to unusually high temperatures, humidity, or vigorous exercise resulting in heat cramps, heat exhaustion, or heat stroke

CRITICAL INFORMATION

- The following categories of heat illness should be seen as a continuum rather than three distinct categories. Treat heat illness aggressively, particularly in at-risk populations: elderly, pediatric and patient taking certain medication such as vasoconstrictors, ADHD (i.e., Adderall or Ritalin), beta blockers, diuretics, antidepressants or antipsychotics.
- Heat Cramps:
 - Severe painful cramping of fatigued muscles in the setting of heat stress, often following fluid replacement with hypotonic fluids
- Heat Exhaustion:
 - Systemic symptoms, often vague and nonspecific, precipitated by significant hypovolemia under conditions of heat stress, and characterized by any of the following: weakness, fatigue, nausea, vomiting, headache, impaired judgment, vertigo, syncope, tachycardia, hypotension and dizziness, often orthostatic. Mental status is normal.
- Heat Stroke:
 - Catastrophic life-threatening failure of homeostatic thermoregulatory mechanisms, manifested by extreme elevation of body temperature & severe CNS dysfunction, which may present as disorientation, delirium, seizure or coma.

TREATMENT

- Move to a cool environment and remove clothing
- Rapid cooling measures:
 - Apply wet towels and promote cooling by fanning
 - Apply cold packs to axilla and groin
- ALS RMC
- Replenish electrolytes by mouth or IV NS 1-liter bolus
- Transport all patients rapidly, even if in cardiac arrest
 - Treat ALOC, seizures or shock per appropriate policy