



# County of Santa Cruz

## HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL  
SERVICES PROGRAM

Protocol No. E1-P  
Reviewed 01/07

### Emergency Medical Services Program

Approved

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Medical Director

Subject: HEAT EXPOSURE

**I. BLS Treatment Protocol:**

- A. Treat life threats. (See Policy 4000)
- B. Implement cooling measures.
- C. Prepare for transport / transfer of care.

**II. ALS Treatment Protocol:**

**A. Heat Exhaustion: \***

1. Treat life threats. (See Policy 4000)
2. Transport.
3. If symptomatic hypotension, IV NS 20ml/kg. Repeat as needed to maintain perfusion.
4. Contact Base Station.

**B. Heat Stroke:\*\***

1. Treat life threats. (See Policy 4000)
2. Start aggressive cooling measures.
3. Transport.
4. If symptomatic hypotension, IV/IO NS 20ml/kg. Repeat as needed to maintain perfusion.
5. Contact Base Station.

**Note:**

**\*Heat Exhaustion:** Usually occurs in healthy individuals who have exercise induced hypovolemia.

Example: Joggers.

**Clinical Signs:** Normal temperature, wet pale skin, tachycardia, syncope, vomiting/diarrhea.

**Treatment:** Heat exhausted patients are always fluid depleted. IV fluid therapy can help to correct fluid and electrolyte imbalances.

**\*\*Heat Stroke:** Patients most susceptible are infants exposed to hot environments and overactive, healthy youth. Phenothiazines, tricyclics, antihistamines, amphetamines, alcohol, and diuretics may potentiate heat stroke.

**Clinical Signs:** High body temperature with ALOC, dry hot skin, seizures, tachycardia

**Treatment:** Heat stroke patients require immediate rapid cooling. The most effective method is evaporative cooling achieved by wetting the skin and moving air across the body.