

Hypothermia

History

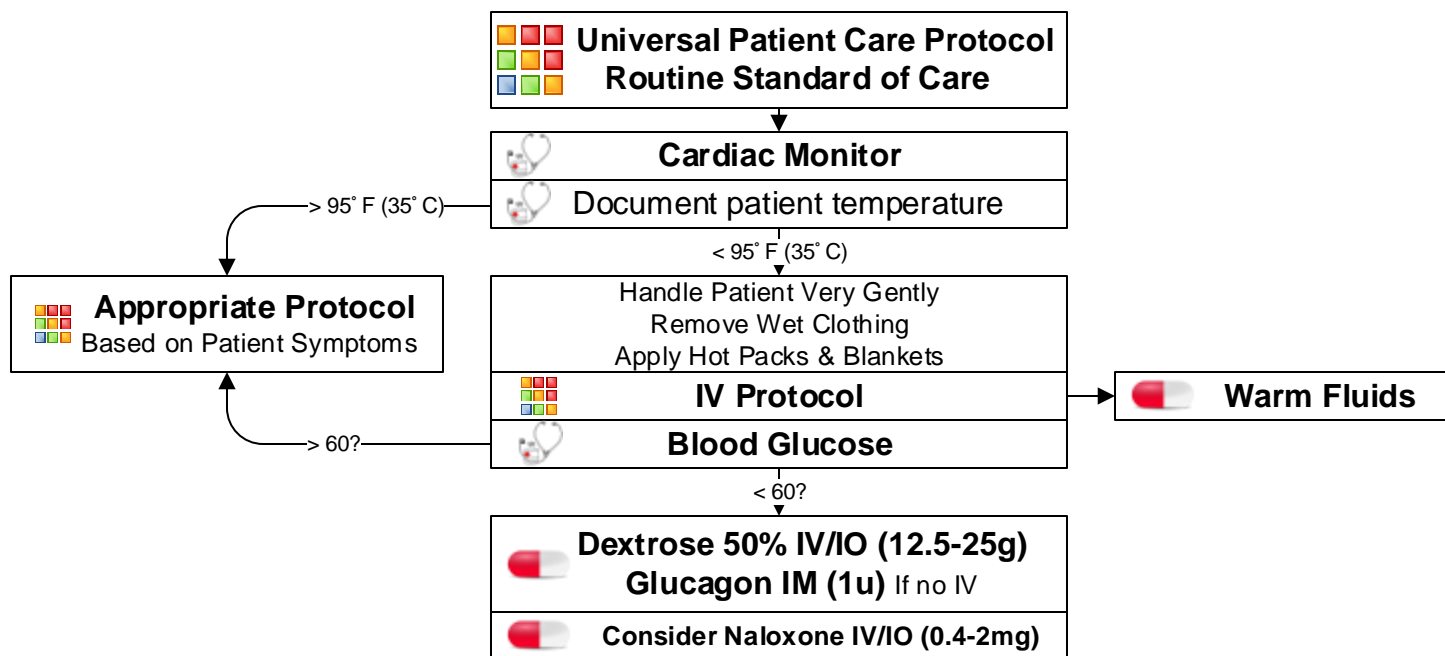
- **SAMPLE**
- Medications
- Exposure to environment even in normal temperatures
- Exposure to extreme cold
- Extremes of age
- Drug use: Alcohol, barbituates
- Infections / Sepsis
- Length of exposure / Wetness

Signs and Symptoms

- Cold, clammy
- Shivering
- Mental status changes
- Extremity pain or sensory abnormality
- Bradycardia
- Hypotension or shock

Differential

- Sepsis
- Environmental exposure
- Hypoglycemia
- CNS dysfunction
 - Stroke
 - Head injury
 - Spinal cord injury



Pearls

- Recommended Exam: Mental Status, Heart, Lungs, Abdomen, Extremities, Neuro
- **NO PATIENT IS DEAD UNTIL WARM AND DEAD.**
- Defined as core temperature < 35° C (95° F).
- Extremes of age are more susceptible (i.e. young and old).
- With temperature less than 30° C (86° F) ventricular fibrillation is common cause of death. Handling patients gently may prevent this.
- If the temperature is unable to be measured, treat the patient based on the suspected temperature.
- Hypothermia may produce severe bradycardia so take at least 45 second to palpate a pulse.
- Hot packs can be activated and placed in the armpit and groin area if available. Care should be taken not to place the packs directly against the patient's skin.
- Consider withholding CPR if patient has organized rhythm or has other signs of life. Discuss with medical control.
- Intubation can cause ventricular fibrillation so it should be done gently by most experienced person.
- Do not hyperventilate the patient as this can cause ventricular fibrillation.
- If the patient is below 30° C or 86° F then only defibrillate x1 if defibrillation is required. Normal defibrillation procedure may resume once patient reaches 30° C or 86° F.
- Below 30° C (86° F) antiarrhythmics may not work and if given should be given at reduced intervals contact medical control before they are administered.
- Below 30° C or (86° F) pacing should not be done