



EMSA-Intermediate Treatment Protocol 5502

Environmental Emergencies Heat Exposure

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Heat exposure can cause various types of heat illness. Heat cramps, heat exhaustion, and heat stroke are the most often encountered. Heat cramps are often associated with heat exhaustion. Initial treatment for all heat illness is similar. Secondary treatment may differ after the signs and symptoms are specifically identified. Heat stroke is a serious life-threatening condition requiring rapid treatment and transport.

A. General treatment:

1. Remove patient from hot environment and place in cool environment.
2. Perform **MAMP Protocol 5201** as appropriate.
3. Loosen or remove clothing.

B. If patient has warm, moist skin, with general weakness, dizziness, nausea, or occasionally syncope (heat exhaustion):

1. If patient has normal level of consciousness and is not nauseated, encourage patient to drink oral fluids (cool water or Gatorade or Pedialyte).
2. If patient has decreased level of consciousness or is vomiting, administer normal saline IV 250 ml bolus, then run at 250 ml/hour.
3. Cool by fanning without chilling the patient. Watch for shivering.
4. If patient experiences muscle cramps, apply moist towels over cramped muscles.
5. Transport and notify Medical Command.

C. If patient has very hot, dry skin with rapid pulse, rapid shallow breathing, and/or altered mental status or unconsciousness (heat stroke):

1. Expedite transport.



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2. Administer normal saline IV at 250 ml/hr initially.
3. If signs and symptoms of shock continue, treat **per Shock Protocol 5108**.
Note: Shock associated with heat stroke may be hypovolemic, distributive, or cardiogenic shock.
4. Cover patient with moist sheet.
5. Apply ice packs to axilla, neck, ankles, and wrists. Do not overcool - watch for shivering.
6. Monitor vital signs and temperature closely.
7. Notify Medical Command.
8. Further treatment **per order of Medical Command**.

