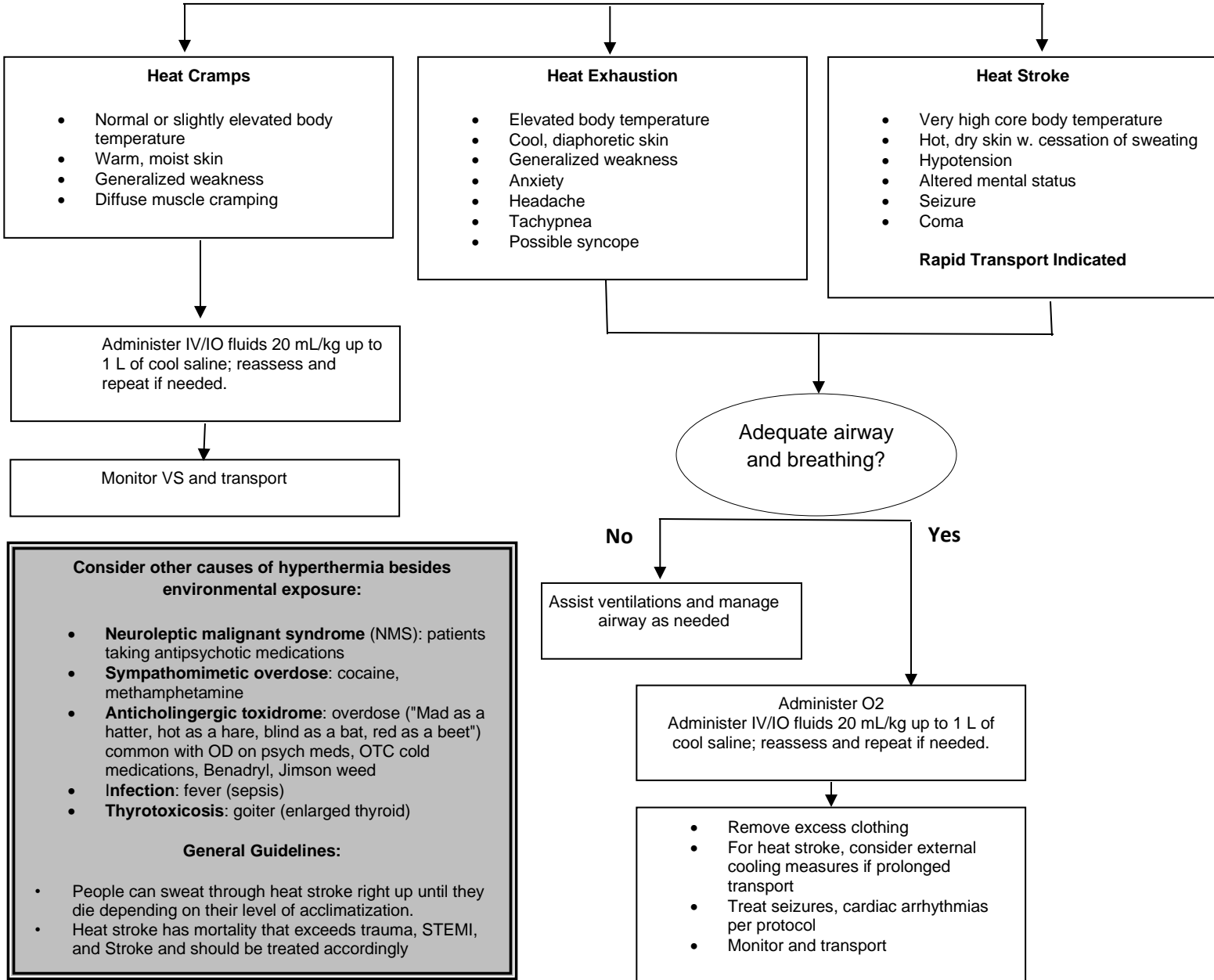


E054 HYPERTHERMIA

EMT	AEMT
EMT-I	EMT-P

Hyperthermia

- Classify by clinical syndrome
- Consider non-environmental causes (see below)



Consider other causes of hyperthermia besides environmental exposure:

- Neuroleptic malignant syndrome (NMS):** patients taking antipsychotic medications
- Sympathomimetic overdose:** cocaine, methamphetamine
- Anticholinergic toxidrome:** overdose ("Mad as a hatter, hot as a hare, blind as a bat, red as a beet") common with OD on psych meds, OTC cold medications, Benadryl, Jimson weed
- Infection:** fever (sepsis)
- Thyrotoxicosis:** goiter (enlarged thyroid)

General Guidelines:

- People can sweat through heat stroke right up until they die depending on their level of acclimatization.
- Heat stroke has mortality that exceeds trauma, STEMI, and Stroke and should be treated accordingly

Active Cooling Techniques

- If core temperature is greater than 104° F or if altered mental status is present, consider active cooling.
- Ice bath immersion provides the most rapid cooling mechanism. However, if not available, consider utilizing a tarp-assisted cooling with oscillation, rotating ice water-soaked towels or sheets, or continually misting exposed skin with water while fanning the victim. Truncal ice packs may be used but are less effective than evaporation.
- Do not apply wet clothing. This may trap heat and prevent evaporative cooling.