Hyperthermia

History
- Age
- Exposure to increased temperatures and / or humidity
- SAMPLE
- Extreme exertion
- Time and length of exposure
- Poor PO intake
- Fatigue and / or muscle cramping

Signs and Symptoms
- Altered mental status or unconsciousness
- Hot, dry or sweaty skin
- Hypotension or shock
- Seizures
- Nausea

Differential
- Fever (Infection)
- Dehydration
- Medications
- Hyperthyroidism (Storm)
- Delirium tremens (DT’s)
- Heat cramps
- Heat exhaustion
- Heat stroke
- CNS lesions or tumors

Universal Patient Care Protocol
Routine Standard of Care

Cardiac Monitor
- Consider 12 Lead ECG
- Document patient temperature
- Remove Patient from heat source
- Remove Patients Clothing
- Apply room temperature water to skin and increase air flow around patient

IV Protocol
- 20ml/kg Fluid bolus
  (May Repeat x3 if not contraindicated)
- Monitor & Reassess
- Appropriate Protocol
  Based on Symptoms

Pearls
- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lungs, Neuro
- Extremes of age are more prone to heat emergencies (i.e. young and old).
- Predisposed by use of: tricyclic antidepressants, phenothiazines, anticholinergic medications, and alcohol.
- Cocaine, Amphetamines, and Salicylates may elevate body temperatures.
- Sweating generally disappears as body temperature rises above 104° F (40° C).
- Intense shivering may occur as patient is cooled.
- Heat Cramps consists of benign muscle cramping due to dehydration and is not associated with an elevated temperature.
- Heat Exhaustion consists of dehydration, salt depletion, dizziness, fever, mental status changes, headache, cramping, nausea and vomiting. Vital signs usually consist of tachycardia, hypotension, and an elevated temperature.
- Heat Stroke consists of dehydration, tachycardia, hypotension, temperature >104° F (40° C), and an altered mental status.