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|  | <b>Department Name<br/>Address</b>    | <b>BLS</b>                           | <b>EMT</b> |
|   |                                       | <b>Revision #</b>                    |            |
|   |                                       | <b>Implementation<br/>Date</b>       |            |
| <b>Protocol</b>   | <b>4.2.30 Hypothermia - Pediatric</b> | <b>Last Reviewed/Update<br/>Date</b> |            |
| <b>Author / Owner</b>   |                                       | <b>Medical Director</b>              |            |

Hypothermia is generally defined into three categories: Mild hypothermia: temperatures between 93.2°F (34°C) and 98.6°F (37°C), Moderate hypothermia: temperatures between 86°F (30°C) and 93.2°F (34°C), Severe hypothermia: temperatures below 86°F (30°C). Mild to moderate hypothermia patients will present with shivering, lethargy, and stiff, uncoordinated muscles. Severe hypothermia patients may be disoriented and confused, stuporous, or unresponsive. Shivering will typically be absent and physical activity will be uncoordinated. Severe hypothermia will frequently produce dysrhythmias.

1. Baseline care standards.
2. Remove wet garments and gently dry patient.
3. Protect against further heat-loss and wind-chill.
4. Maintain horizontal position.
5. Avoid rough movement and excess activity.
6. Monitor core temperature.
7. Treat major trauma as the first priority and hypothermia as the second.
8. If pulse/breathing are absent:
  - Start CPR.
  - Place AED treat with one shock if advised.
9. If core temperature <30°C (86°F):
  - Continue CPR.
  - Limit AED shocks to a maximum of 3.
10. If core temperature >30°C (86°F):
  - Continue CPR.
  - Repeat AED as core temperature rises.
11. Begin external re-warming.

12. Call for ALS intercept.

13. Transport with lights and sirens.

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*Medical Director's Signature*

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*Date*

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission