



Oakland County
TRAUMA AND ENVIRONMENTAL
HYPOTHERMIA/FROSTBITE

Initial Date: 11/15/2015
Revised Date: 10/01/2021



Section 2-11

Hypothermia/Frostbite


1. Follow **General Pre-hospital Care Protocol**

HYPOTHERMIA:

1. If cardiac arrest develops follow **Cardiac Arrest General Protocol**.
2. Move patient to a warm dry place, remove wet clothing & wrap in warm blankets and protect from wind exposure.
3. If the patient's temperature is greater than 30° C (86° F) or patient shivering & conscious:
 - A. Apply heat packs to groin, axillae, and neck if possible.
 - B. Use warmed humidified oxygen if available.
4. If patient is alert, administer warm non-caffeinated beverages (if available) by mouth, slowly.
5. If patient temperature is less than 30° C (86° F)
 - A. Gentle handling is required.
 - B. Facilitate transport immediately.
6. If alterations in mental status, consider measuring blood glucose and treat as indicated per **Altered Mental Status Protocol** and assess for other causes of alterations of mentation.

-  7. Administer warm NS IV/IO fluid bolus up to 1 liter, wide open, if available.
 -  A. Pediatrics 20 ml/kg
8. Use warmed humidified oxygen if available.

SUSPECTED FROSTBITE:

1. Remove wet or constricting clothing. Keep skin dry and protected from wind.
2. Do not allow the limb to thaw if there is a chance that limb may re-freeze before evacuation is complete or if patient must walk to transportation.
3. Dress injured areas lightly in clean cloth to protect from pressure, trauma or friction. Do not rub. Do not break blisters.
4. Keep patient warm.
5. Frostbitten areas should be supported and elevated during transport.
-  6. Treat pain per **Pain Management Procedure**.