

HYPOTHERMIA & FROSTBITE

SIGNS & SYMPTOMS:

1. Shaking/Shivering
2. Syncope
3. Slurred/slow speech
4. Slow pulse
5. Skin: pale, cool, clammy, red (white &/or black in late stages)
6. Neuro: ↓ LOC , seizures, unconscious, abnormal behavior, confusion

OBTAIN HISTORY OF:

1. Prior events leading up to
2. Allergies
3. Consider other potential causes of symptoms: CVA, alcohol, seizures, overdose, head injury
4. Temperature

PRECAUTIONS:

1. An altered or decreased LOC masks the signs of injury and illness.
2. Any patient with severe frostbite should be warmed slowly or further damage may occur to the tissues.
3. Do not remove frozen clothes that may be stuck to the skin.
4. Do not rub any frostbitten digits.

FIRST RESPONDER / BASIC LIFE SUPPORT:

1. Assess and support ABCs.
2. Consider oral or nasal airway initially if GCS < 9.
3. Begin high flow supplemental oxygen via mask.
4. Assess vital signs (BP, pulse, respirations, O₂ sats) minimally every 10 minutes; more often if deemed unstable.
5. Begin warming patient slowly.
 - A. Remove all wet clothes from patient.
 - B. Wrap patient in blankets.
 - C. Move patient to climate-controlled environment.
6. Wrap all blisters with dry sterile dressings.
7. Do not break any blisters.
8. Frostbitten digits should be warmed slowly with 4x4 or 2x2 between the fingers or toes.. (Warm water baths, blankets, no rubbing)

BASIC-IV LIFE SUPPORT:

1. Establish IV of warm* NS to TKO.
 - A. *Warm NS by placing on dash of ambulance or in an IV warming chamber.
2. Place an advanced airway if patient goes unresponsive.
3. Further orders must come from monitoring physician.

INTERMEDIATE & PARAMEDIC/RN:

1. Consider ET intubation if necessary.
2. Monitor ECG for abnormalities
3. Consider transporting patient to a facility with heart/lung bypass capabilities if patient remain unresponsive.

PEDIATRIC CONSIDERATIONS:

1. Same as adult.

SPECIAL NOTES:

1. Use extreme caution when handling frostbitten patients. Improper treatment of frostbite could further harm patient's tissues.

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