

## TREATMENT IN THE FIELD

### BODY SIGNS/SYMBOLS TEMP. (rectal)

37.5°C NORMAL

36 FEEL COLD

Seek dry shelter, replace wet clothing with dry including socks, gloves, hat, cover neck, insulate whole body including HEAD from cold. Exercise but avoid sweating. External warmth (bath, fire) ONLY if CORE TEMP. above 35°C. Warm sweet drinks and food (high calories).

35 SHIVERING

BODY CORE TEMPERATURE BELOW 35°C = HYPOTHERMIA = HOSPITAL

**NO EXERCISE, HANDLE GENTLY, REST.**

**NO EXTERNAL WARMTH** (except to chest, trunk, eg. Hiebler Jacket).

Warm sweet drinks and calories.

Internal warming via warm moist air (exhaled air, steam) or warm moist oxygen (40 - 42°C at mask).

Monitor pulse, breathing. Restrict all activity, lie down with feet slightly raised.

34 IRRATIONAL  
CONFUSED  
(may appear drunk)

33 MUSCLE STIFFNESS

32 SHIVERING STOPS, COLLAPSE. TRANSFER TO HOSPITAL. URGENT.

31 SEMI CONSCIOUS

30 UNCONSCIOUS

No response to painful stimuli

29 SLOW PULSE AND BREATHING

Nothing by mouth. Check airway remains open. May tolerate plastic airway, put in recovery position, check airway, turn every 2 hours to protect skin, monitor pulse and breathing.

Slow mouth-to-mouth breathing, at victim's own rate (may be very slow).

Check airway, CPR, with mouth-to-mouth breathing. Aim for normal CPR rates of 12-15 breaths/min, and 80-100 compressions/min, but slower rates of 6-12 breaths/min, and 40-60 compressions/min, may be adequate. Continue for as long as you can.

28 CARDIAC ARREST

No obvious pulse or breathing

Pupils dilated

BELOW 28°C. NO VITAL SIGNS. COLD. DO NOT GIVE UP TREATMENT.

**NOTE: NOT DEAD UNTIL WARM AND DEAD!**

Avoid rapid rewarming and **HANDLE GENTLY AT ALL TIMES.**

Core temperature may lag behind skin temperature and continue to drop, so keep monitoring.

## TREATMENT IN HOSPITAL

### CAUTION

No re-exposure to cold  
Exercise to generate body heat but no sweating.  
Warm bath.  
Warm sweet drinks, calories  
Keep warm for several hours.  
Watch for drop in temperature.

**DO NOT** massage cold limbs.  
**DO NOT** give alcohol or coffee.

CHECK FOR OTHER INJURIES. MINIMUM STAY — 48 HOURS

Watch out for late cardiac arrhythmia.

Warm only trunk, chest.

Give warm, sweet drinks.

Warm moist air or warm moist oxygen,

40-42°C at mask.

e.g. Warm IV fluids e.g. Dextrose/Saline 5%

at 37°C, 50% Dextrose, 20ml

Monitor pulse, respiration, ECG.

**NO** exercise.  
**NO** external warmth except Hiebler warm water type jacket to trunk and chest.

**NO** cold air, oxygen.

**NO** cold drinks.

**DO NOT** overload with IV fluids.

**JOLTING DURING TRANSPORT MAY CAUSE CARDIAC ARREST.**

Nil by mouth except glucose jelly.

Check airway, recovery position.

Turn every 2 hours to protect skin.

Oropharyngeal airway

Slow synchronous mouth-to-mouth or mask.

Defibrillate if necessary. Intubate if unable to

maintain airway. Ventilate with 50% humidified

oxygen at 42°C, CPR at 6-12 ventilations/min, and

40-80 compressions/min. Warm peritoneal lavage

(standard dialysate as fast as it will flow), or Arterio-

venous by-pass warming.

**NO** food or drink

Endotracheal intubation may precipitate ventricular fibrillation.  
**NO** drugs unless CORE temp. above 32°C, e.g. Lignocaine.

CONTINUE TO TREAT

Monitor Core temp.

Monitor biochemistry (potassium, sugar, acidity)

and correct cautiously.

**DO NOT GIVE UP**

**DO NOT** defibrillate until CORE temp. above 30°C.

**NOTE:** CORE temp. lags behind skin temp. watch out for after-drop. Other complications may arise during rewarming (e.g. cardiac, fluid balance).

