

POLICY: 555.62
 TITLE: Pediatric Hypothermia - Frostbite

EFFECTIVE: 07/01/2024
 REVIEW: 07/2027
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC HYPOTHERMIA - FROSTBITE

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Patients with severe hypothermia may appear dead (absent pulse, respiration, and fixed pupils) but still have cardiac electrical activity.

USE EXTREME CAUTION WHEN MOVING PATIENT

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
 P = Paramedic D = Base Hospital Physician Order Required

| Moderate Hypothermia (92°-95° F/ 33°-35° C) Severe Hypothermia (Core temp < 92° F / < 33° C) | F | E | O | P | D |
|--|---|---|---|---|---|
| ASSESSMENT | X | X | X | X | |
| BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts. | X | X | X | X | |
| SUPRAGLOTTIC AIRWAY: if patient's GCS is less than 8 and not rapidly improving, consider SGA. | | | | X | |
| PULSE OXIMETRY: apply and monitor. | | X | X | X | |
| CAPNOGRAPHY: apply and monitor if SGA has been placed. | | | | X | |
| OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion. | X | X | X | X | |
| WARMING MEASURES: remove wet clothing and cover with warm dry blankets. Use ambient heat and heat packs as able. | X | X | X | X | |
| ECG MONITOR: lead placement may be delegated. Treat as indicated. | | | | X | |
| VASCULAR ACCESS: IV/IO, rate as indicated with warm fluids. | | | | X | |
| TEST FOR GLUCOSE | | X | X | X | |
| ORAL GLUCOSE: consider if conscious with an intact gag reflex if blood sugar < 70 mg/dL. | | X | X | X | |
| D10: 2-4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood glucose 10 minutes post infusion and repeat as needed. | | | | X | |
| GLUCAGON: If no IV/IO access and unable to tolerate oral glucose, give 0.05 mg/kg IM (max 1 mg) if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 mg/dL, repeat dose. | | | | X | |

| | F | E | O | P | D |
|--|---|---|---|---|---|
| FROSTBITE | | | | | |
| (skin is white, numb or burning, soft to touch and does not recolor with touch) | | | | | |
| WARMING MEASURES: move patient to warm environment and wrap affected extremity with thick, warmed blankets or clothing. DO NOT RUB AFFECTED EXTREMITY AND AVOID CHEMICAL HEAT PACKS. | X | X | X | X | |
| Refer to 555.43 PEDIATRIC PAIN MANAGEMENT as indicated. | | | | X | |