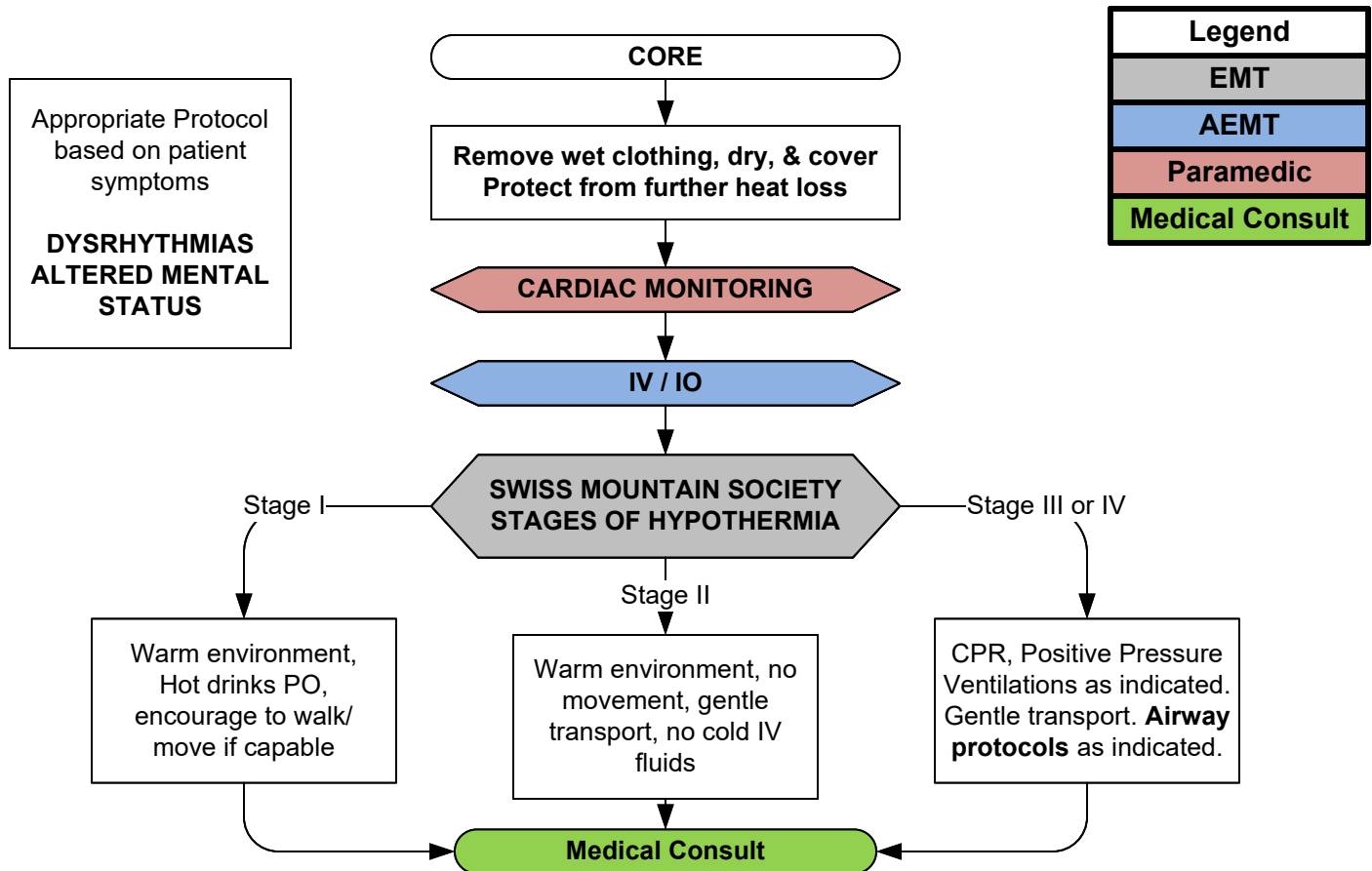


HYPOTHERMIA

History: - Exposure to environment even in normal temperatures - Exposure to heat loss conditions (wet, wind, cold) - Exposure to extreme cold without shelter - Extremes of age - Drug use: Alcohol, barbituates - Length of exposure / Wetness - Trauma, blood loss	Signs and Symptoms: - Cold victim - Altered mental status, loss of coordination, slurred speech - Violent shivering or no shivering in later stages - Bradycardia - Hypotension or shock - Appearing DOA	Differential: - Hypoglycemia - CNS dysfunction - Stroke - Head injury - Spinal cord injury - Alcohol, drug, or medication involvement
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Pearls:

- NO HYPOTHERMIA PATIENT IS DEAD UNTIL WARM AND DEAD.
- Wet patients lose heat rapidly—Dry patient immediately.
- Active rewarming in the field may not be possible without specialized equipment.
- Extremes of age are more susceptible (i.e. young and old) due to poor thermoregulatory mechanisms.
- Skin, oral, and axillary temperatures are very unreliable in hypothermia and should not be used. Assess mental status, shivering activity, and breathing rate to estimate core temperature. See **SWISS MOUNTAIN SOCIETY STAGES OF HYPOTHERMIA** in Appendix.
- Stage I and Stage II patients will present with disorientation and will have spontaneous breathing. Patients in Stage I will still be shivering whereas Stage II patients will no longer be shivering.
- Stage III and Stage IV patients will be unresponsive and not shivering. Patients in Stage III will still be breathing whereas patients in Stage IV hypothermia will no longer be breathing.
- Severe bradycardia may be seen in hypothermia stages III and IV.
- Shivering stops as hypothermia progresses and obviously cold victims who are not shivering should be handled gently to avoid precipitating V-fib.
- If no detectable pulse, begin CPR. Consult with medical control for ACLS interventions.