

5020 HYPERTHERMIA



Hyperthermia

- Classify by clinical syndrome
- Consider non-environmental causes (see below)
- **Prioritize cooling**
- **Remove from Hot environment**

Heat Cramps

- Normal or slightly elevated body temperature
- Warm, moist skin
- Generalized weakness
- Diffuse muscle cramping

Administer IV/IO fluids 20 mL/kg up to 1 L of cool saline; reassess and repeat if needed

Monitor VS and transport

Heat Exhaustion

- Elevated body temperature
- Cool, diaphoretic skin
- Generalized weakness
- Anxiety
- Headache
- Tachypnea
- Possible syncope

Heat Stroke

- Very high core body temperature
- Hot, dry skin w. cessation of sweating
- Hypotension
- Altered mental status
- Seizure
- Coma

Rapid transport indicated

Adequate airway and breathing?

No Yes

Assist ventilations and manage airway as needed

Ref. [Oxygen](#)

Administer IV/IO fluids 20 mL/kg up to 1 L of cool saline; reassess and repeat if needed

- Remove excess clothing
- For heat stroke, consider external cooling measures if prolonged transport
- Monitor and transport

Treat [Seizure](#), cardiac arrhythmias, [Agitated Delirium](#) per protocol

Consider other causes of hyperthermia besides environment exposure, including:

Consider Hyperthermia not related to environment:

- **Neuroleptic malignant syndrome (NMS):** patients taking antipsychotic medications
- **Sympathomimetic overdose:** cocaine, methamphetamine
- **Anticholinergic toxidrome:** overdose ("Mad as a hatter, hot as a hare, blind as a bat, red as a beef") common w. ODs on psych meds, OTC cold medications, Benadryl, Jimson weed, etc.
- **Infection:** fever (sepsis)
- **Thyrotoxicosis:** goiter (enlarged thyroid)