# COLD INJURIES & HYPOTHERMIA

**PRIORITIES**

- **TREAT HYPOTHERMIA**
- **TRANSFER**

**The severity of cold injury depends on temperature, duration of exposure, environmental conditions, amount of protective clothing, and general state of health.**

# Guidelines for Cold Injuries

- Treat hypothermia first!!! ***(SEE NEXT PAGE)***
  - *As the core temperature approaches normal, rapid rewarming of the frostbite can be carried out.*
- Rapid rewarming by immersion in water 40 degrees C (104 degrees F) for 30-60 minutes.
  - *Thawing is complete when the distal tip of the extremity blanches.*
- Keep Warm and Dry
- Transfer to Level II Trauma Center

## Helpful Hints

- **DO NOT** massage or manipulate the tissues
- Administer pain medications
- Give adequate hydration by appropriate means
  - Lactated Ringers or Normal Saline to correct fluid deficit
- *Pad between digits with fluffs or lamb's wool.*
- Tetanus Prophylaxis IM

# Hypothermia Treatment

- ✓ Gently remove wet clothing.
- ✓ Obtain rectal temperature, BP, pulse, and respirations to identify severity of hypothermia
  - ➢ ***Mild Hypothermia*** *- core temperature > 32 degrees C (90 degrees F)*
  - ➢ ***Severe Hypothermia*** *- core temperature < 32 degrees C (90 degrees F)*
- ✓ Keep patient immobile
- ✓ Administer **WARM** and **HUMIDIFIED** oxygen at 100%
- ✓ Cardiac Monitor
  - ➢ **ARRHYTHMIAS ARE COMMON** – observe carefully for rhythm changes.
- ✓ Prevent ventricular fibrillation while rewarming
  - ➢ **Avoid:**
    - ▪ *Rough handling*
    - ▪ *Endotracheal tubes*
    - ▪ *IV or IM drugs* ***(can rapidly reach toxic levels when patient is rewarmed)***
- ✓ IV Fluid Administration
  - ➢ *Lactated Ringers (preferred) or Normal Saline warmed (37.5 degrees C)*
    - ▪ *Give 200-300 ml rapidly then slow to give 1 liter in the first hour.*
    - ▪ *Maintain infusion rate to keep urine output at 1-2 ml/Kg/hr*
- ✓ Insert foley catheter for accurate urine output measurement

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