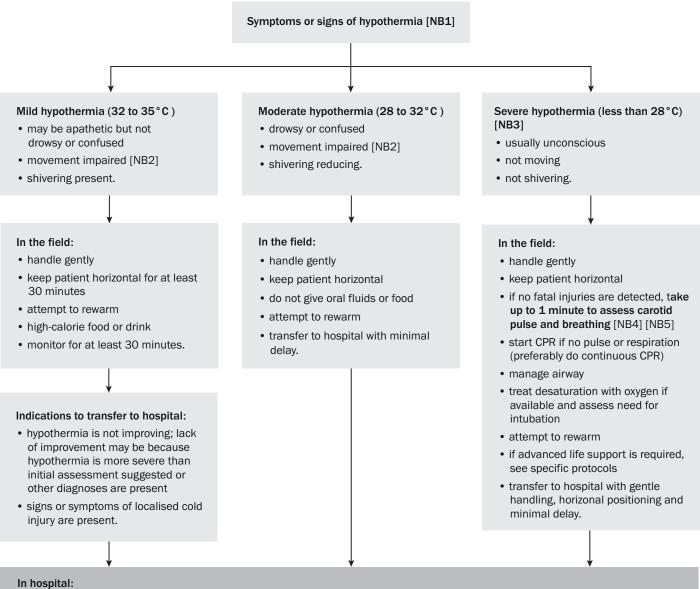


Management of hypothermia



- if, on arrival, the patient is unconscious, take up to 1 minute to assess carotid pulse and breathing [NB4] [NB5]
- if advanced life support is required, see specific protocols
- · give intravenous glucose if hypoglycaemic
- · undertake controlled active warming
- replace intravascular volume slowly if depleted
- · consult critical care if:
- haemodynamic instability
- core body temperature falls below 28°C
- · also assess for evidence of localised cold injury.

CPR = cardiopulmonary resuscitation.

- NB1: Core body temperature measurement requires an internal probe, preferably oesophageal, which is generally only possible in a ventilated patient. Clinical signs are important indicators of hypothermia.
- NB2: Deficits are the 'Umbles'- mumble, grumble, fumble, stumble.
- NB3: Be alert to differential diagnoses such as hypoglycaemia, trauma and drug intoxication.
- NB4: Cardiac output may be difficult to detect so taking up to 1 minute to assess carotid pulse and breathing is acceptable; chest compressions in a person with an output can cause arrhythmias.
- NB5: CPR is contraindicated if conditions are unsafe for the rescuer or if the person has a fatal injury (including avalanche asphyxiation by snow packing an airway or an ice mask obstructing it).

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