

PROTOCOL FOR: Hypothermia: Care of the Patient with

DESIRED PATIENT

OUTCOMES: The patient will have:

1. No complications of cardiovascular, respiratory and neurologic systems presented.
2. An increase in body temperature by 2°F per hour.

CLINICAL
ASSESSMENT

AND CARE:

1. Etiology of hypothermia
2. Assess airway, breathing and circulation
3. Neuro assessment - level of consciousness
4. Vital signs
5. Obtain baseline temperature and monitor temperature for changes.
6. Record intake/output on flowsheet
7. IV access per MD
8. Lab work/arterial blood gas per MD
9. Administer heated moist O₂ and respiratory support as per MD order
10. Obtain cardiac monitor/12 lead EKG as per MD
11. Warm IV fluids per MD
12. Apply warm blankets or hypothermia blanket as appropriate
13. Insert Foley catheter/obtain u/a as per MD

REPORTABLE

CONDITIONS:

1. Change in temperature (<97 or >101), vital or neuro signs
2. Ectopy on monitor

APPROVAL: Emergency Department Unit Review
Nursing Standards Committee

EFFECTIVE DATE: 11/92

REVISION DATES: 10/99, 2/06, 9/08