PEARL/S:

- Tricyclic anti-depressants, phenothiazines, anti-cholinergics, and alcohol predispose patients to hyperthermia.
- Cocaine, amphetamines and salicylates may elevate body temperature.
- The major difference between heat exhaustion and heat stroke is CNS impairment.
- Avoid dramatic decreases in temperature which can cause shivering and increase temperature. Vigorous fluid administration may result in pulmonary edema.

**Universal Care Guidelines with an emphasis on adequate oxygenation**

**EMT**

- Move to cooler environment, remove excess clothing, protect from further heat gains
- For heat exhaustion, oral water if patient can tolerate. Cool with wet towels or fans
- For heat stroke, use aggressive evaporation (fine mist water spray, ice packs to groin and axillae)

**A**

- IV/IO/Vascular Access