

HYPOTHERMIA

Hypothermia is the lowering of the body's core temperature to a point at which normal brain and/or muscle function is impaired. This condition can be mild, moderate or life threatening.

Mild to Moderate Hypothermia

When **checking** the patient, look, listen and feel for:

With mild hypothermia:

- The “umbles”:
 - Inability to perform complex tasks (“fumbles”).
 - Confusion, apathy and sluggish thinking (“grumbles”).
 - Slurred speech (“mumbles”).
 - Altered gait (“stumbles”).
- The patient being able to eat and talk and usually complaining of feeling cold.

With moderate hypothermia:

- Worsening of the “umbles”.
- Uncontrollable, violent shivering.
- Confusion or unusual behavior.
- Impaired judgment.

To give **CARE**:

For mild to moderate hypothermia:

- Change the environment to prevent heat loss.
 - Place the patient out of wind and cold and into some kind of shelter, even if this is only waterproof, windproof clothing.
- Cover all exposed skin, including the patient's neck.
- Replace wet clothes with something dry.
 - If the patient can eat, give simple carbohydrates, such as candy and juice (Figure 1).
 - If the patient can drink, give fluids, preferably a warm sweet drink (e.g., warm gelatin dessert). Give cold fluids if warm ones are not available.
 - DO NOT give the patient caffeine (coffee – soda) and/or alcohol.
- If the patient cannot exercise muscles easily, try to keep him or her warm by:
 - Insulating him or her from the ground.
 - Bundling him or her in dry insulation.
 - Having him or her snuggle with warm people, such as in a sleeping bag. If the patient goes to sleep, wake him or her periodically.
 - Place a hot water bottle or chemical heat packs near the heart and in the armpits and groin area (but not against bare skin).
- Wait until the patient returns to normal and is able to exercise muscles before you keep moving.
- If the patient can still exercise easily, you can continue activity after initial care.

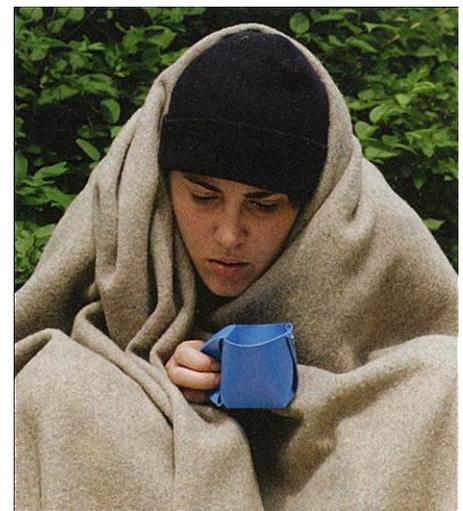


Figure 1

Severe Hypothermia

When **checking** the patient, look, listen and feel for:

- Patient stops shivering.
- Increasing muscle rigidity.
- Worsening mental state, moving from stupor to coma.
- Decreasing pulse and breathing that become difficult to detect (but are still present).
- Semi-consciousness or unconsciousness.
- Patient stops complaining.
- A core temperature lower than 90°F.

To give **CARE**:

- Handle the patient with severe hypothermia gently-roughness can overload a cold heart and stop it.
- If breathing is undetectable, perform rescue breathing.
- Cardiopulmonary resuscitation (CPR) **(If you have Current Training Qualifications) Do not perform CPR if there is any heartbeat, no matter how slow or weak the pulse because there is significant risk of ventricular fibrillation.** If checking for heartbeat, you need to feel for carotid pulse for at least **3 minutes**. If no pulse then CPR is appropriate and it should be done at about **half the normal rate** to avoid making blood CO₂ levels too low due to low metabolism. **CPR is not appropriate for a hypothermia victim with any heartbeat as it very rough handling and it will induce ventricular fibrillation**
- Take steps to get the patient warm (see mild to moderate hypothermia care steps).
- Create a “hypothermia wrap” vapor barrier to trap any heat still left in the patient
 - Wrap the patient with a tent fly. Sheet plastic, garbage bag, rain gear or other items available to trap any heat remaining in the patient (Figure 2 A and B).
 - Hypothermia wrap should resemble a cocoon in that it only opens to the mouth and nose.
- DO NOT try to force food or drink.
- Care for severe hypothermia even if the patient appears dead. DO NOT assume a patient is dead unless he or she has been re-warmed and is not responding to any care given.
- Call for help immediately.
- Evacuate the patient gently. DO NOT evacuate if it cannot be done gently.



Figure 2A



Figure 2B

Note: Warming the body too quickly or moving the patient too much will likely send the cold blood to the core, causing the body temperature to drop further. This can be fatal because the heart does not function properly when it is cold.

CALL for Help: GUIDELINES FOR EVACUATION

Any one who has recovered from mild to moderate hypothermia may remain in the field.

Evacuate rapidly –GO FAST but with extreme gentleness-anyone with severe hypothermia.

Wilderness and Remote First Aid- Emergency Reference Guide (American Red Cross & Yardley, PA: Staywell, 2010),62-65