

Hypothermia, the cold reality

By Terri Garven, Regina, SK

Hypothermia can occur during any season, but is more dramatic in presentation during our winter weather. The following is a summary of the treatments often utilized in the management of the hypothermic patient.

Initial therapy for all patients includes removing all wet garments, protecting from heat loss, maintaining horizontal position, avoiding rough movement, monitoring core temperature and cardiac rhythm.

Mild Hypothermia 34–36° C

- Passive rewarming
- Active external rewarming (see Table One)

Moderate Hypothermia 30–34° C

- Passive rewarming
- Active external rewarming truncal areas only (see Table One)

Severe Hypothermia <30° C

- Active internal rewarming (see Table One)

Potential complications

Ventricular fibrillation

“Fragile, handle with care.” It has been reported that physical manipulation of hypothermic patients can precipitate V-Fib. (For example, intubation, insertion of a NG tube, etc.)


“Afterdrop”

A continued drop in the patient’s temperature when cold blood from the periphery is mobilized” (AHA Guidelines, 2000). This is believed to be caused by active external rewarming. Be alert to the potential.

Table One:		
Passive Rewarming	Active External Rewarming	Active Internal Rewarming
Blankets	Warm blankets	Warm IV fluids
Warm room	Warm bath	Warm, humidified oxygen
	Bair Hugger	Instillation of warm fluids by NG and CBI
		ECMO (by-pass)

Hyperkalemia

Known to occur in hypothermia. Watch for it! Lab values? ECG changes include: peaked T’s, widened QRS and prolonged PRI. Treatment is the same as for all hyperkalemia patients.

Being alert to the treatment modalities and potential complications allows you to manage your patient with confidence in the face of a crisis. 

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Reference

The American Heart Association in collaboration with the International Liaison Committee on Resuscitation (ILCOR). **Guidelines 2000 for cardiopulmonary resuscitation and emergency cardiovascular care: An international consensus on science.** American Heart Association 2000.

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