

CMG 11 – TEMPERATURE ABNORMALITIES

(Revised: November 2014)



(a) HEAT ABNORMALITIES

Hyperthermia is defined as a core temperature above 37.5°C.

The accuracy of tympanic thermometers in the field has not been established; assessment should be based on all aspects of patient presentation and history.

There are many potential causes of elevated body temperature. Consider the possibility of other causes, including sepsis, and manage accordingly.

Minor heat syndromes:

- normal, or transient disturbances in mentation
- sweating
- core temperature typically < approx 39°C

ICP	Cease exertion	AP
ICP	Move patient to a cool location	AP
ICP	Gentle cooling	AP
ICP	Oral rehydration – allow small sips only	AP
ICP	IV rehydration if: nausea +/- vomiting; significant dehydration; multiple patients.	AP

Heatstroke:

- altered mentation
- no sweating
- core temperature typically > approx 39°C

Heat stroke is a time-critical life-threatening condition. Transport should always occur due to the risk of multiple organ failure.

ICP	Rapid cooling – as aggressive as possible	AP
ICP	IV resuscitation – cool fluids if possible	AP
ICP	Treat significant arrhythmias (as per appropriate CMG)	
ICP	Check BGL	AP
ICP	Aggressively manage seizures and shivering	AP

continues over



(b) HYPOTHERMIA

Hypothermia is defined as a core temperature below 35°C.

The accuracy of tympanic thermometers in the field has not been established; assessment should be based on all aspects of patient presentation and history.

There are many potential causes of hypothermia. Consider the possibility of other causes (e.g. sepsis, trauma, hypoglycaemia, drug intoxication) and manage accordingly. Accidental hypothermia can occur even with exposure to mild temperatures.

Mild hypothermia:		
<ul style="list-style-type: none"> • normal mentation, though may display apathy / confusion • shivering • core temperature approx 32 – 35°C 		
ICP	More rapid warming is acceptable	AP
ICP	Warm oral fluids	AP

Moderate to severe hypothermia:		
<ul style="list-style-type: none"> • significantly altered mentation • decreased heart rate and respiration rate • no shivering • core temperature < approx 33°C 		
ICP	Handle patient gently (rough handling may precipitate arrhythmias)	AP
ICP	Remove wet clothing if sheltered; dry patient off (prevention of further cooling is more important than speed of rewarming)	AP
ICP	Gentle rewarming – wrap in warm blankets, then space blankets	AP
ICP	If fluids required, use warmed fluids	AP
ICP	Check BGL and correct where necessary	AP
ICP	If IPPV – do not hyperventilate	AP
ICP	Note that the actions of medications are substantially altered or unknown at low body temperatures. Carefully consider the need for medications.	AP
ICP	Most cardiac arrhythmias resolve with rewarming. Consider treating life-threatening arrhythmias only.	
ICP	Cardiac arrest: <ul style="list-style-type: none"> • normal cardiac arrest management • if in VF / VT, no more than 3 shocks • no more than 3 doses of adrenaline • do not cease resuscitation 	AP