Hypothermia Interventions

Hypothermia occurs when the body cannot produce enough heat to make up for the amount of heat being lost to the environment. Hypothermia can initially be treated by removing the patient from the cold environment and by replacing any wet clothing with warm clothing or heated blankets. Other interventions to correct hypothermia include administration of warm IV solutions, heated supplemental oxygen, and warm gastric lavage. Keep in mind that the patient’s trunk should be warmed before their extremities to prevent afterdrop or a further decrease in body temperature due to rewarming efforts.



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Remove From Environment
Removing From Environment
To prevent further decrease in core body temperature, patients should be removed from the cold environment as soon as possible.

Remove Wet Clothing
Removing Wet Clothes
Evaporative heat loss occurs when a wet surface comes into contact with the air. The presence of wet clothing increases this type of heat loss by five times the normal rate. For this reason, wet clothing should be promptly removed.

Passive Rewarming

Warm Clothing
Warm Clothes
Passive rewarming techniques are used for patients with mild hypothermia. These interventions include dressing the patient in warm clothing, while allowing the patient to spontaneously rewarm.

Active Rewarming

Heated Blankets
Electric Heating Blanket
Heated blankets are used during active rewarming of hypothermic patients. Areas of the body that are in direct contact with the heated blanket should be frequently assessed for burns.

Warm IV Solutions
Warmed IV-stand
IV solutions can be warmed up to 98.6ºF (37ºC) when treating patients with moderate to severe hypothermia.

Heated Oxygen
Warmed O2-tank
Supplemental oxygen can be heated and humidified during active internal or core rewarming. For treatment of moderate to severe hypothermia, oxygen may be heated up to 111.2°F (44°C).

Warm Gastric Lavage
Warm Stomach Lava
Gastric lavage with warm fluids is another intervention that can be used to treat moderate to severe hypothermia. A nasogastric tube is used to give warm fluids to the patient, warming their internal organs.

Considerations

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Warm Trunk BEFORE Extremities

Warming Trunk Before Limbs

It is important to remember that the patient’s trunk should be warmed first before the extremities. This pattern of rewarming reduces the risk of afterdrop or a further decrease in body temperature due to rewarming efforts. Afterdrop occurs when cold peripheral blood returns to the central (core) circulation that can lead to rewarming shock characterized by hypotension and arrhythmias.

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