HYPOTHERMIA PREVENTION

OVERVIEW

Hypothermia Prevention

■*HPMK*

Hypothermia and Coagulopathy

Fluid Warmers

LEARNING OBJECTIVES

Please Read Your

Terminal Learning Objectives

And

Enabling Learning Objectives



Hypothermia Prevention Video



Video on Deployed Medicine Link

Video on YouTube Link

a. Take early and aggressive steps to prevent further body heat loss and add external heat when possible for both trauma and severely burned casualties.

b.Minimize casualty's exposure to the cold ground, wind, and air temperatures. Place insulation material between the casualty and any cold surface as soon as possible. Keep protective gear on or with the casualty, if feasible..

c.Replace wet clothing with dry, if possible and protect from further heat loss.

- d. Place an active heating blanket on the casualty's anterior torso and under the arms in the axillae (to prevent burns, do not place any active heating source directly on the skin or wrap around the torso).
- e. Enclose the casualty with the exterior impermeable enclosure bag.
- f. As soon as possible, upgrade hypothermia enclosure system to a well-insulated enclosure system using a hooded sleeping bag or other readily available insulation inside the enclosure bag/external vapor barrier shell.

g. Pre-stage an insulated hypothermia enclosure system with external active heating for transition from the non-insulated hypothermia enclosure systems: seek to improve upon existing enclosure system when possible.

h. Use a battery-powered warming device to deliver IV resuscitation fluids, in accordance with current CoTCCC Guidelines, at 38 C output temperature.i. Protect the casualty from exposure to wind and precipitation on any evacuation platform.

HPMK

a. Exposure to the elements should be minimized.

b. The Ready Heat Blanket can provide heating up to 104 degrees for up to 8 hours.

c. The casualty should be wrapped in the Heat Reflective Shell (HRS)



Hypothermia and Coagulopathy

Coagulopathy results from a decrease in platelet function, decreased coagulation cascade enzyme activity and alterations of the fibrinolytic system.

Hypothermia in trauma victims is not limited to cold environments, it can also occur in warm ambient temperatures.

Hemorrhagic shock results in a decreased ability to produce heat and to maintain normal body temperature.

Even a small decrease in body temperature can interfere with blood clotting and increase the risk of exsanguination.

Hypothermia and Coagulopathy

Shock victims are predisposed to hypothermia

Due to the physics of heat transfer, hypothermia is far easier to prevent than it is to treat, so prevention of heat loss should begin as soon after wounding as the tactical situation permits.

Hypothermia Treatment

Fluid Warmers

Reduce cooling caused by cool fluids with a fluid warmer. Fluid Warming should be considered for any

- casualty who has
- hypotension
- received more than 1,000 ml of fluid or the requirement of a blood transfusion

DEMONSTRATION

HYPOTHERMIA PREVENTION