

POLICY: 554.62
TITLE: Hypothermia - Frostbite

EFFECTIVE: 09/01/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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HYPOTHERMIA - FROSTBITE

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Patients with severe hypothermia may appear dead (pulseless, absent respiration, and fixed pupils) but still have cardiac electrical activity.

**Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required**

USE EXTREME CAUTION WHEN MOVING PATIENT

Moderate Hypothermia (92°-95° F/ 33°-35° C) Severe Hypothermia (Core temp < 92° F / < 33° C)	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor.					X	
ADVANCED BLS AIRWAY: if GCS <8 and not improving, consider SGA			X	X	X	
ADVANCED ALS AIRWAY: if GCS is < 8 and not rapidly improving, consider ETI.					X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
WARMING MEASURES: remove wet clothing and cover with warm dry blankets. Use ambient heat and heat packs as able.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: P - IV/IO, AEMT - IV only, rate as indicated with warm fluids.				X	X	
TEST FOR GLUCOSE		X	X	X	X	
ORAL GLUCOSE: 15 GM. Consider administering oral glucose to patients who are awake and have an intact gag reflex.	X	X	X	X	X	
D10: infuse 100 mL IV/IO if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post infusion. If blood glucose < 70 mg/dL infuse remaining 150 mL.				X	X	
GLUCAGON: If no IV/IO access and unable to tolerate oral glucose, give 1 mg IM if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 mg/dL, repeat 1 mg IM.				X	X	

FROSTBITE (skin is white, numb or burning, soft to touch and does not re-color with touch)						
	F	E	O	A	P	D
EVALUATE: for hypothermia and treat as indicated.	X	X	X	X	X	
WARMING MEASURES: move patient to warm environment & wrap affected extremity with thick, warmed blankets or clothing. DO NOT RUB AFFECTED EXTREMITY & AVOID CHEMICAL HEAT PACKS.	X	X	X	X	X	
PAIN MANAGEMENT: Refer to 554.44 PAIN MANAGEMENT as indicated.				X	X	