

POLICY: 554.64
TITLE: Heat Illness

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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HEAT ILLNESS

- 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**
Heat Cramps/Exhaustion: Muscle cramping, dizziness, exhaustion, nausea, vomiting, weakness, headache, diaphoresis, normal or slightly elevated body temperature. Syncope and an altered level of consciousness may occur.
Heat Stroke: Altered level of consciousness, elevated core body temperature, usually > 104°F (40°C), tachycardia, and hypotension.

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

HEAT CRAMPS - HEAT EXHAUSTION	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
COOLING MEASURES: place patient in a cool environment.	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	
ADVANCED BLS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
ADVANCED ALS AIRWAY: if GCS is < 8 and not rapidly improving, consider ETI.					X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	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.				X	X	
FLUID BOLUS: 500 mL fluid bolus. Reassess after each bolus and repeat bolus as indicated. Use cooled IV fluids as available.				X	X	

HEAT STROKE						
AS ABOVE AND ADDITIONALLY:	F	E	O	A	P	D
COOLING MEASURES: In order of effectiveness, use dependent on availability of resources: 1. If on scene at an event where staff have initiated cold water immersion (CWI) for suspicion of heat stroke, do not move the patient from cold water immersion until patient starts shivering or 15-20 minutes of immersion, whichever is soonest. Ideal core temperature, if available, would be 102°F (39°C) or less when CWI is discontinued. 2. If CWI not available but cool/cold water is, remove clothing and rotate cool/cold wet towels over entire body of patient. 3. If CWI and cool/cold wet towels not available, remove clothing, splash/sponge patient with water and place cool packs on neck, axillary, and inguinal areas. Promote evaporative cooling by fanning.	X	X	X	X	X	
TEST FOR GLUCOSE		X	X	X	X	
ORAL GLUCOSE: 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 < 70mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 gm/dL, repeat 1 mg IM.				X	X	
MIDAZOLAM: Do not delay for IV/IO access. • IM – 10 mg. May repeat x 1 if seizure continues > 5 minutes. • IN – 10 mg. May repeat x 1 if seizure continues > 5 minutes. • IV/IO – 1-2 mg every 2 minutes until seizure stops or max 10 mg.					X	