



HYPOTHERMIA

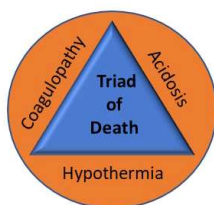
PREVENTION & TREATMENT

*Published by the Joint Trauma System,
the DoD Center of Excellence for Trauma*



- Prehospital ● Tactical Combat Casualty Care ● En Route Care ●
- Prolonged Casualty Care ● Tips & Tricks ● Troubleshooting

Hypothermia is a key contributor in the Triad of Death

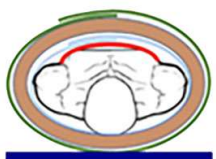


Trauma-induced Hypothermia

mild: 34-36 °C
moderate: 32-34 °C
severe: <32 °C



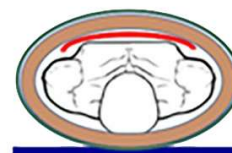
- ✓ **Replace wet clothing** with dry clothing
- ✓ **Monitor patient's temperature** during rewarming. Convert to continuous temperature monitoring.
- ✓ **Warm resuscitation fluids/blood products** to 38-42 °C with a flow rate up to 150 ml/min



— Heat source
 — Internal vapor barrier
 — Insulation
 — External vapor barrier
 — External insulation

Use passive and active methods of rewarming

- Passive warming: utilizing the patient's heat generation via shivering/metabolism.
- Active warming: applying an external heat source



— Ready-heat blanket
 — Insulation
 — Enclosure bag
 — External insulation



- Temperature and route will be documented on all patients upon admission and discharge.
- Core temperatures are obtained on patients with temperature < 97° F and > 100° F.
- Warming measures and sustainment of core temperature > 96° F are initiated on all patients.



Clinical tips based on the Hypothermia: Prevention and Treatment CPG, Jun 2023, published by the Joint Trauma System.

JTS CPGs : [HTTPS://JTS.HEALTH.MIL/INDEX.CFM/PI_CPGS/CPGS](https://jts.health.mil/index.cfm/pi_cpgs/cpgs)