Instructions

This EMS case study deals with the hypothermic patient. During winter months or in areas of normally low temperatures the EMS provider must be aware of the threat of any patient becoming hypothermic.

This lesson can be delivered as a classroom session allowing the students to facilitate given scenarios and subsequent treatment modalities. The instructor should review their organizations patient care protocols and change this lesson as needed for consistency.

This scenario should last between 30 minutes to one hour depending on class size. Each student should give a report of their clinical findings, treatments, patients’ condition after treatment, and a hospital report.

Goal

The student working as a member of an ALS Engine Company shall be able to recognize the signs and symptoms of hypothermia of a given patient, and treat the patient accordingly.

Objectives

1. Perform a proper scene size-up.
2. Perform a primary patient assessment.
3. Perform a trauma assessment.
4. Recognize signs and symptoms of hypothermia.
5. Recognize any underlying illnesses or injuries.
Scenario

On your regular duty shift your company is dispatched to a report of a “man wondering” the roadway. It is a cold, windy, and rainy day. As you respond to the call the dispatcher informs your company that the local police have found the man and have him inside their car awaiting your arrival. The location is near a multi-setting care facility that specializes in caring for patients with Alzheimer’s and Parkinson’s disease.

On your arrival you are directed to an elderly man sitting in the back seat of a police care. He is wearing a tee shirt, pajama bottoms, and a pair of OSU house slippers. His clothing is soaked and he is shivering.

On you assessment you find that the patients is only able to give you his first name which is Ralph. Ralph is unable to tell you where he lives and carries no identification except for a medical alert bracelet that indicates he has Alzheimer’s. Law enforcement is in the process of contacting the administration of the care facility to determine if they are missing a resident.

You decide to ask for a transport ambulance and begin your treatment.

Assessment Findings

The patient is alert, but only able to tell you his name.

HEENT: pupils equal and reactive to light, patent airway, no signs of trauma.

CHEST: bilateral breath sounds are heard, clear heart tones, no signs of trauma, no shortness of breath, no described chest pain.

ABD: soft, non tender.

PELVIS: stable, no crepitus.

EXT: minor abrasions on both knees and palms, equal grip, weak distal pulses.

Vital Signs: bp 120/60, pulse 64, respirations 24, SaO2 92%.

SKIN: pale, cold to touch.

Patient assessment suggests possible underlying illness, primarily the decrease mental status. The EMT has no way of knowing whether this is a chronic or an acute condition.
EMS Case Study #3  Hypothermia

Transport Considerations

This patient requires transport to a local comprehensive emergency department for further evaluation and treatment. In the field body temperature determination is not an exact procedure. It is the patient’s core body temperature that needs to be measured. Temperatures taken orally, under the arm, or even tympanic can be misleading.

Treatment Considerations

- Move patient to warm ambulance, remove patient’s wet clothing and cover with blankets. Intravenous solutions should be given within their specified temperature range. Many times solutions left in an ambulance may either be cold or warm depending on ambient temperatures of the ambulance.

- Oxygen is indicated in this patient, and may improve his mental status.

- Cardiac monitoring is indicated (if available).

- The transport ambulance arrives and you are asked to assist with the transport. Since you initiated care you will act as lead EMT.

- There are no changes in the patient’s condition en route to the hospital.

Hospital Report

Though reports will vary, yours should include the following:

“...we are transporting to your facility an estimated 75 year old male that was found wondering outside. On our arrival patient had been placed inside a police car. Patient was dressed only in a tee shirt and pajama bottoms. The patient is awake, but only able to tell us his first name.....”

“...vital signs are as follow; blood pressure is 120/60, pulse of 64, respirations 24, skin is cold to touch, initial SaO2 was at 92%, now it is 100% with oxygen by mask. We have removed wet clothing from patient and wrapped him in blankets...”

“...we have an IV established and we should be at your facility in 10 minutes.”

Summary

In most cases hypothermia is a result of another illness or accident. In these cases the EMT must also play detective to determine the overall picture.