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Deaconess REGIONAL TRAUMA CENTER

Prevention and Treatment of Hypothermia

Purpose: To define methodologies to prevent and treat hypothermia in the trauma patient

Definitions:

A. Classification of hypothermia in the presence of injury
   a. Mild hypothermia: 96.8º F
   b. Moderate hypothermia: < 96.8º F to 89.6º F
   c. Severe hypothermia: ≤ 89.6º F

Guidelines:

A. All trauma patients should have an initial temperature measured within 30 minutes of arrival to treatment room

B. All trauma patients should be managed using principles of passive warming to prevent hypothermia
   a. Removal of wet clothing/linen, coverage with warm blankets
   b. Ambient temperature in trauma rooms should always be maintained at > 82º F
   c. Care should be taken to minimize exposure during diagnostic and therapeutic procedures

C. Treatment of hypothermia
   a. All fluids and blood products should be warmed, either with a standard fluid warmer or via the rapid infuser
   b. Mild hypothermia
      i. Treat with non-invasive, passive external warming
   c. Moderate hypothermia
      i. Treat with passive external rewarming such as warm room, warm blankets, ambient overhead heaters, warmed forced-air blankets, and warmed IV fluids/blood
   d. Severe hypothermia
      i. Treat with active core warming such as humidified and warmed air through mechanical ventilation, warm fluid lavage (i.e. bladder catheter, thoracostomy tube, peritoneal dialysis catheter)
         1. May require extracorporeal warming
   e. Consider use of the Normothermia Protocol
      i. Use Normothermia for Hypothermia Patients Order Set

D. Re-evaluation
    a. Recheck temperature one hour from intervention
    b. If pt remains hypothermic, notify provider for additional orders
        i. Trauma Surgeon if activated trauma patient
        ii. Attending physician if isolated trauma patient

References:

- Advanced Trauma Life Support, American College of Surgeon, 10th Edition