

Hypothermia

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Dr Jenny Visser

Dept. Primary Health Care and General Practice

UNIVERSITY
of
OTAGO



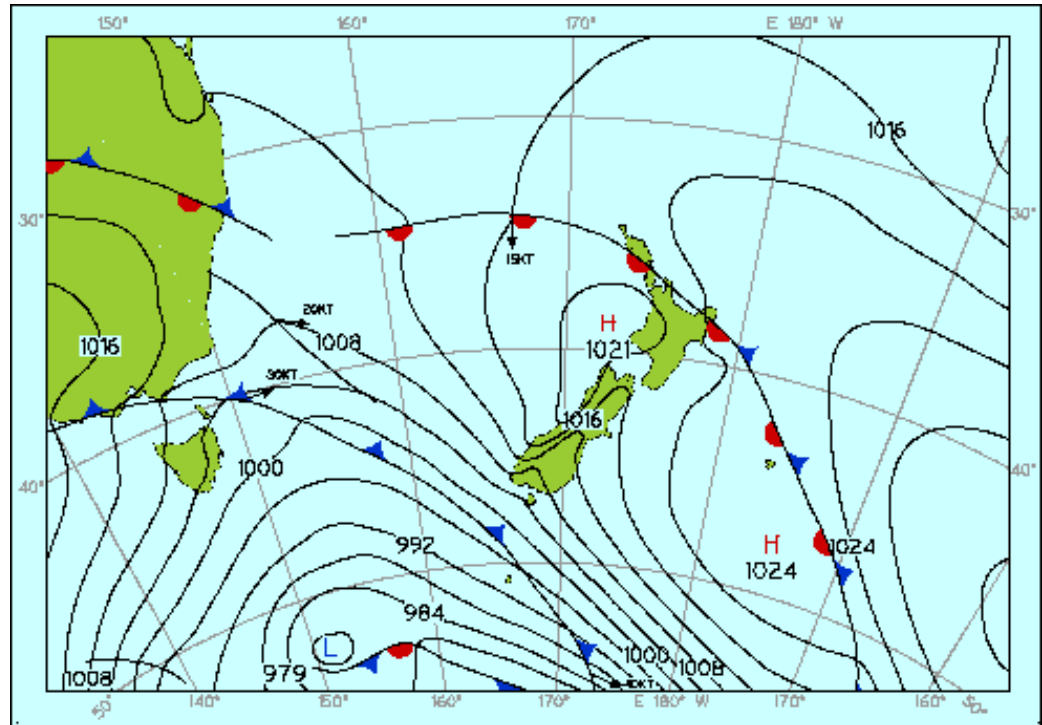
Te Whare Wīnanga o Ōtago





Outline

- What is hypothermia?
- How to recognise it
- How to prevent it
- How to treat it









Nepal: Machermo Rescue Post and Porter Shelter: 4500m alt







WILDERNESS & ENVIRONMENTAL MEDICINE, 25, 401–408 (2014)

ORIGINAL RESEARCH

New Zealand Land Search and Rescue Operations: An Analysis of Medical and Traumatic Conditions

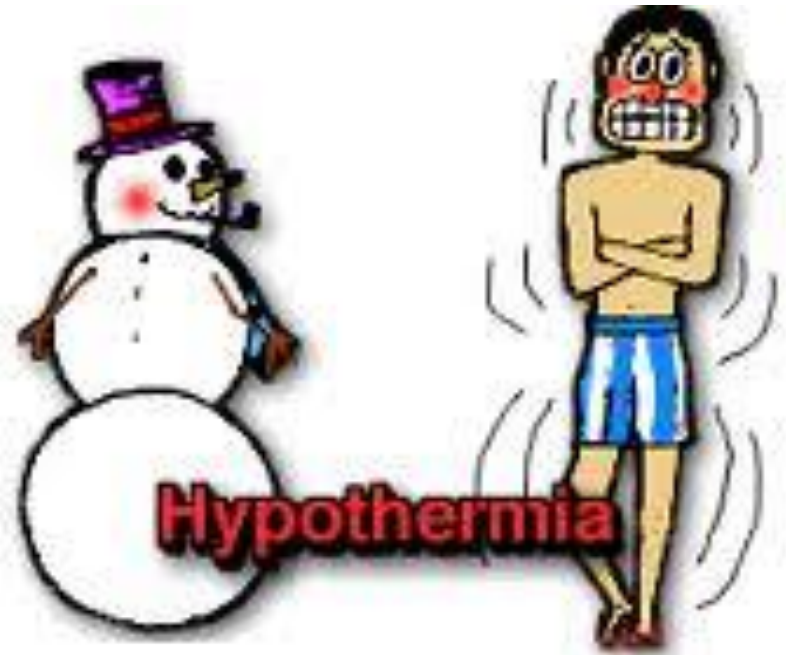
Jenny T. Visser, MbChB, MTravMed; Adam F.R. Campbell

From the Department of Primary Health Care and General Practice, University of Otago, Wellington, New Zealand (Dr Visser); Medical Student, University of Otago, Wellington, New Zealand (Mr Campbell).

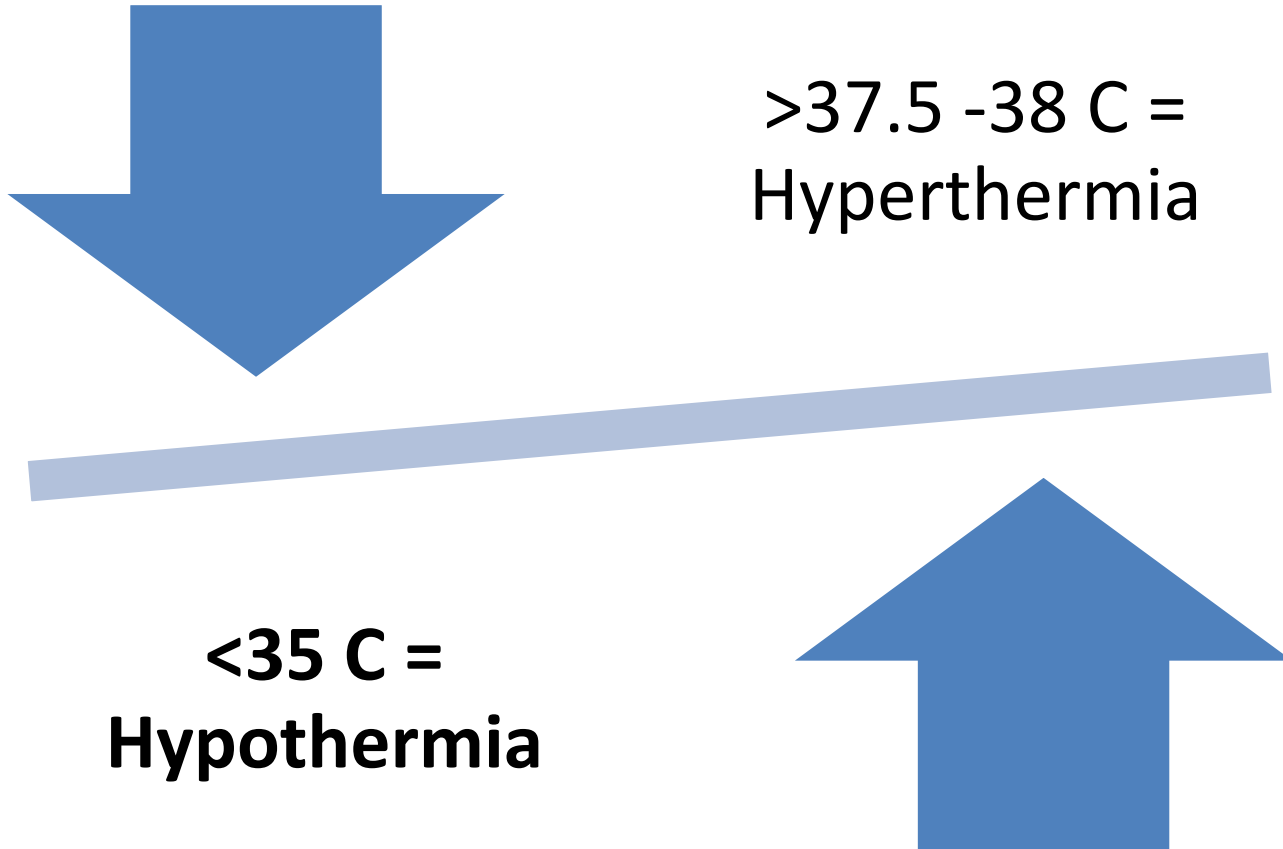
Hypothermia: 9.3% of all medical conditions
in all SAR operations

Thermoregulation

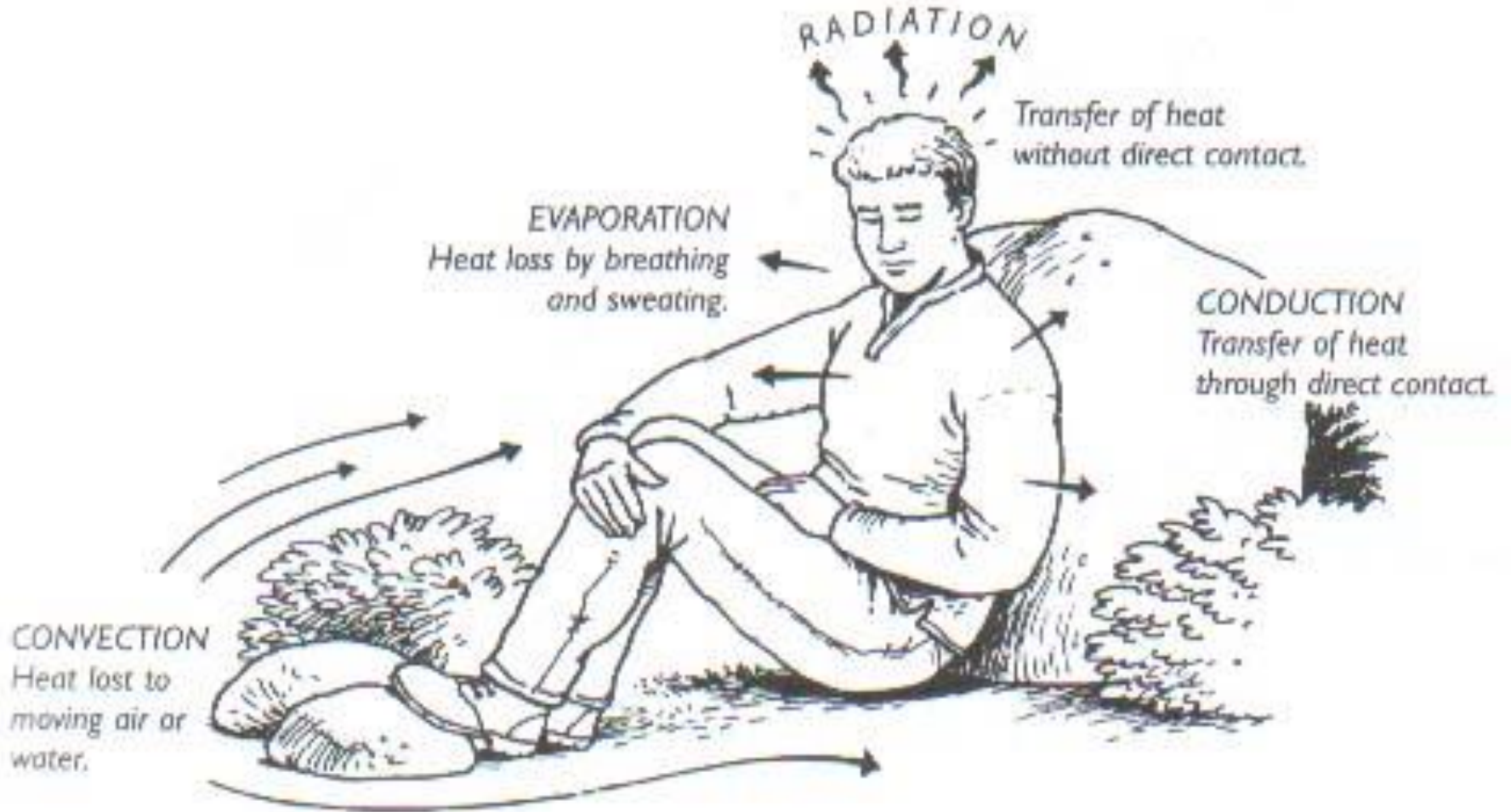
- Human body performs best at core temperature (T_c) around **37 (+/- \approx 0.5)**
- **Hypothermia**: develops when heat loss exceeds heat production
- **Hyperthermia**: develops when heat gain exceeds heat loss



Heat & Cold Illness & Injury



Thermoregulation



Out of the Jungle....

- Humans originated in tropics
 - Better equipped to deal with excesses of heat
 - Limited physiological ability to respond to cold
 - Exercise & shivering can only go so far...
 - Rely on **clothing, shelter & behaviour**



Hypothermia: Definition

- **35 °C -37 °C:** Not hypothermic. “Cold Stressed”
- **35 °C - 32 °C:** Mild hypothermia
- **32 °C – 28 °C:** Moderate hypothermia
- **< 28 °C :** Severe hypothermia

But....

- Definition based on measuring temperatures not much use in the outdoors
- Difficult to accurately measure core temp in the outdoors (even for medics)
- Variability between individuals
- So **estimate temp using observable findings**
 - E.g. Original “Swiss Staging System” based on **Level of Consciousness** and **Shivering**
- And in 2022 some suggested move to using **Level of Consciousness alone**

International Commission for Alpine Rescue Revised “Swiss System”

	Stage 1	Stage 2	Stage 3	Stage 4
Clinical findings ^a	“Alert” from AVPU	“Verbal” from AVPU	“Painful” or “Unconscious” from AVPU AND Vital signs present	“Unconscious” from AVPU AND No detectable vital signs ^b
Risk of cardiac arrest ^c	Low	Moderate	High	Hypothermic cardiac arrest

“AVPU”

Hypothermia: Signs

- **35 °C -37 °C : Alert**, may be shivering
- **35 °C - 32 °C : Alert**, vigorous shivering
- **32 °C– 28 °C: ↓ level of consciousness (V, P, U)**, decreasing intensity shivering & may cease (**usually at around 30 °C**)
- **< 28 °C: Unconscious**, not shivering

The Importance of **Shivering**

- ↑ metabolism: generating heat due to muscle contraction
- ↑ heat production 5-6 fold over resting metabolic rate
- ↑ core temp by 3-4 °C
- BUT...
 - **Uses large amount of energy**
 - Stresses the cardiovascular system
 - Uncomfortable
- **Shivering usually stops around T_c 30 °C but lots of variability**

Shivering

- Shivering
 - “Passive rewarming”
 - Needs a source of energy: Carbohydrate rich **FOOD**
- Once shivering stops
 - Person can no longer generate heat/self heat → will continue to lose heat.
 - Person can only be actively rewarmed using exogenous heat sources: external or internal

Hypothermia: Who & When at risk?

- **Cold environment, especially wet and wind**
 - But can occur in tropical/warm climate
- Ill prepared & inexperienced
- Injured & Anxious
- Recent illness
- Altitude
- Certain medications



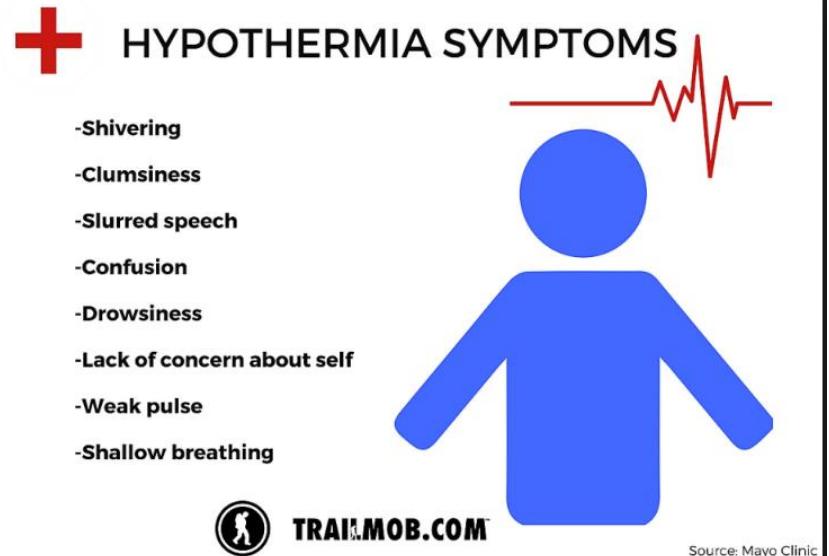
Hypothermia: Signs: “Umables”

- Mumbles
- Grumbles
- Fumbles
- Stumbles



Hypothermia: Symptoms

- Feel cold
- Muscle stiffness
- Fatigue
- Shiver
- “umbles”
- Pass urine: “Cold diuresis”



Prevention of Hypothermia:

Experience, fitness & acclimatisation

Have the right gear

Stay dry

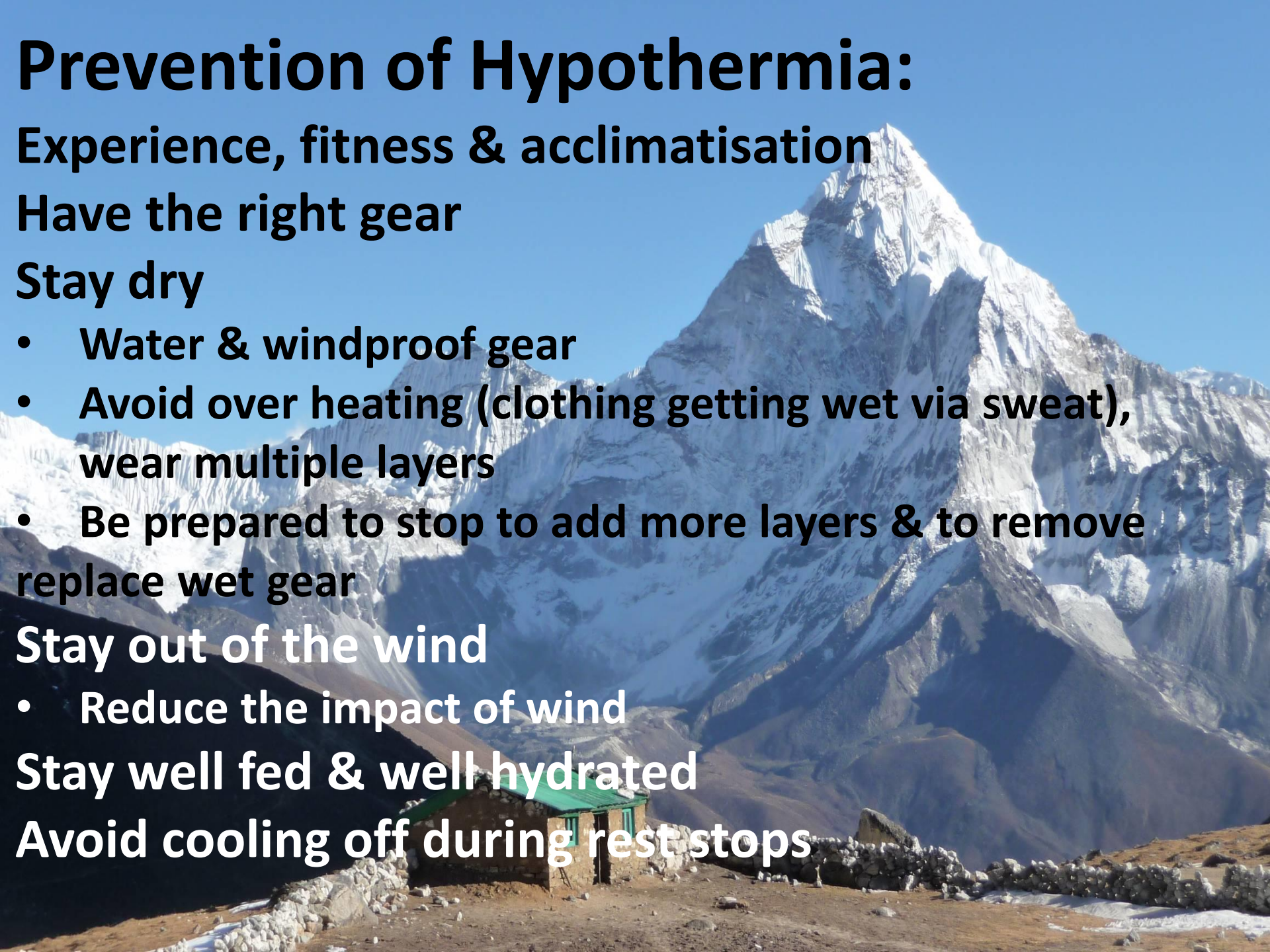
- **Water & windproof gear**
- **Avoid over heating (clothing getting wet via sweat), wear multiple layers**
- **Be prepared to stop to add more layers & to remove replace wet gear**

Stay out of the wind

- **Reduce the impact of wind**

Stay well fed & well hydrated

Avoid cooling off during rest stops



Treatment of Mild Hypothermia:

Recognise early signs & act on them

Stop-if practical

Seek/make shelter

- Get out of the wind & rain

Replace wet with dry clothing (once in shelter)

- Head, neck & torso

Vapour barrier & Insulate (NB ground)

Support shivering /Feed carbohydrate rich foods

Wait at least 30 mins before exercising/continuing

If one member affected, assume all are at risk










Ads · Shop rab new zealand





- SALE**




RAB Group Shelter 2
\$102.00 ~~\$120~~
Outdoor Act...
★★★★★ (25)
- 

Rab Emergency...
\$279.99
Dwights Ou...
- 

Rab Emergency...
\$119.95
Outfitters NZ
Free delivery
- 

Rab Emergency...
\$194.99
Dwights Ou...
- 

Rab Emergency...
\$114.99
Dwights Ou...
- 

Rab 2 Person Group Shelter
\$99.99
Trade Me

More on Google →

Treatment of Moderate & Severe Hypothermia:

As per mild hypothermia plus....

Hypothermia wrap

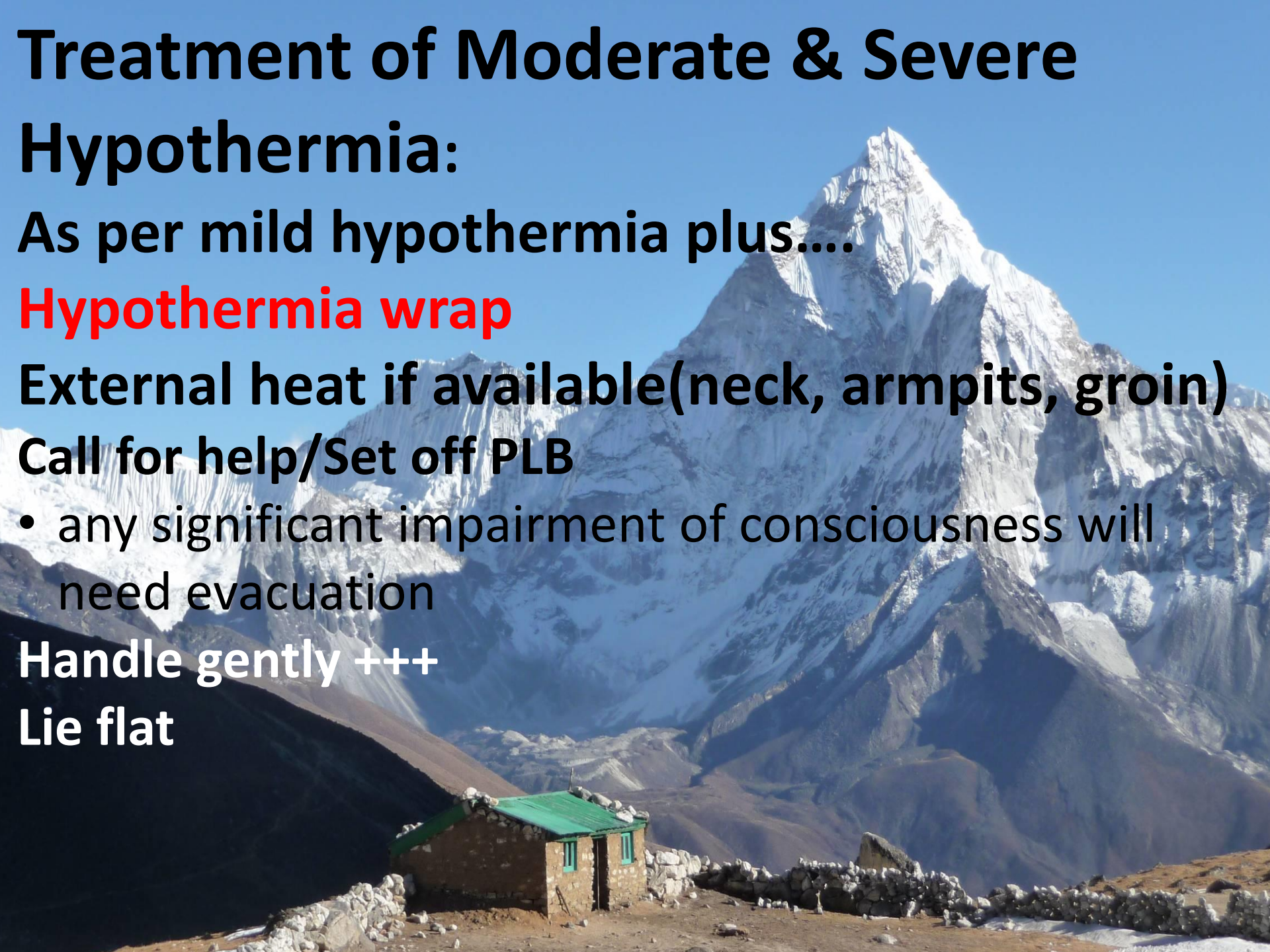
External heat if available(neck, armpits, groin)

Call for help/Set off PLB

- any significant impairment of consciousness will need evacuation

Handle gently +++

Lie flat



ASSESS COLD PATIENT

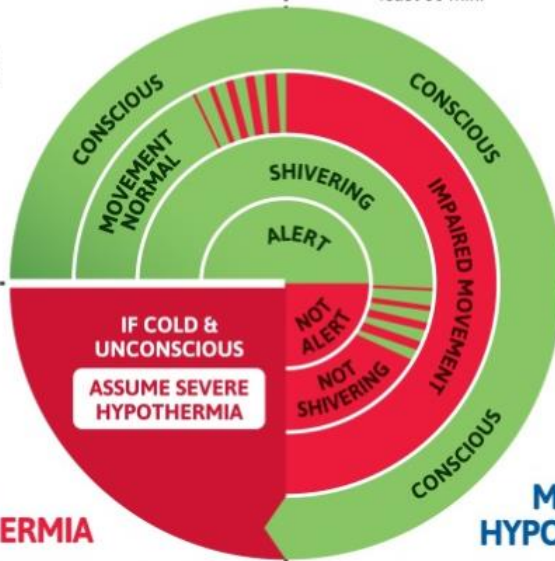
1. From outside ring to centre: assess Consciousness, Movement, Shivering, Alertness
2. Assess whether **normal**, **impaired** or **no function**
3. The colder the patient is, the slower you can go, once patient is secured
4. Treat all traumatized cold patients with active warming to upper trunk
5. Avoid burns: following product guidelines for heat sources; check for excessive skin redness

COLD STRESSED, NOT HYPOTHERMIC

1. Reduce heat loss (e.g., add dry clothing)
2. Provide high-calorie food or drink
3. Move around/ exercise to warm up

MILD HYPOTHERMIA

1. Handle gently
2. Have patient sit or lie down for at least 30 min.
3. Insulate/ vapour barrier
4. Give heat to upper trunk
5. Give high-calorie food/drink
6. Monitor for at least 30 min.
7. Evacuate if no improvement



SEVERE HYPOTHERMIA

1. Treat as Moderate Hypothermia, and
 - a) IF no obvious vital signs, THEN 60-second breathing / pulse check, or assess cardiac function with cardiac monitor
 - b) IF no breathing / pulse, THEN Start CPR
2. Evacuate carefully ASAP

MODERATE HYPOTHERMIA

1. Handle gently
2. Keep horizontal
3. No standing/walking
4. No drink or food
5. Insulate/ vapour barrier
6. Give heat to upper trunk
7. Volume replacement with warm intravenous fluid (40-42°C)
8. Evacuate carefully

Canadian “Cold Card”

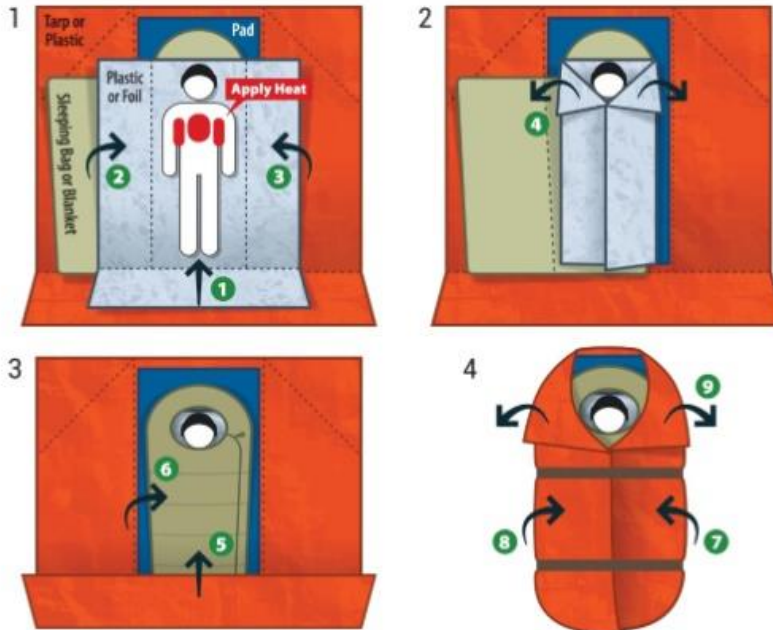
CARE FOR COLD PATIENT

SUGGESTED SUPPLIES FOR SEARCH/RESPONSE TEAMS IN COLD ENVIRONMENTS:

- 1 - Tarp or plastic sheet for vapour barrier outside sleeping bag
- 1 - Insulated ground pad
- 1 - Hooded sleeping bag (or equivalent)
- 1 - Plastic or foil sheet (2 x 3 m) for vapour barrier placed inside sleeping bag
- 1 - Source of heat **for each team member** (e.g., chemical heating pads, or warm water in a bottle or hydration bladder), or **each team** (e.g., charcoal heater, chemical / electrical heating blanket, or military style Hypothermia Prevention and Management Kit [HPMK])

INSTRUCTIONS FOR HYPOTHERMIA WRAP "The Burrito"

1. Dry or damp clothing: **Leave clothing on**
IF Shelter / Transport is less than 30 minutes away, THEN Wrap immediately
2. Very wet clothing: **IF Shelter / Transport is more than 30 minutes away, THEN Protect patient from environment, remove wet clothing and wrap**
3. Avoid burns: follow product instructions; place thin material between heat and skin; check hourly for excess redness



Hypothermia Wrap

Things NOT to do...

- Do NOT give alcohol
- Do NOT put in front fire (but do use fire to heat hut)
 - Evidence it worsens “after drop”
- Avoid extensive skin to skin or body to body exposure
 - Evidence it worsens “after drop”
 - Better to wrap up warmly
 - Can use body heat around the core

Afterdrop

- The core temperature continues to drop after initiation of rewarming
- Due to
 - Ongoing conduction of heat from warm core to cold periphery
 - Cool blood being returned to the heart
 - Movement of limbs
 - As reheating stimulates increased circulation
- Occurs with all methods of rewarming

Prehospital treatment of hypothermia

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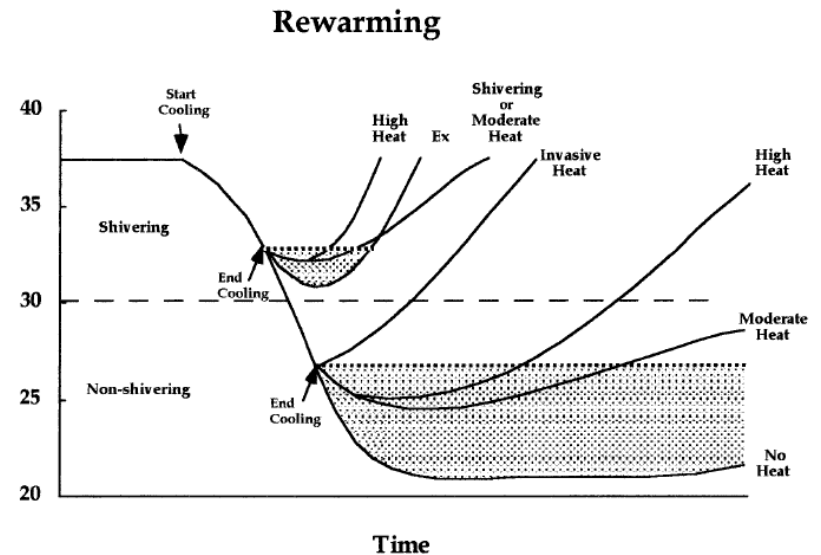


Figure 2. Schematic representation of relative effectiveness of various types of rewarming protocols for shivering and non-shivering patients.

Wet clothing: To remove or not?

- Traditional teaching has been to always “remove all wet clothing and replace with dry”
- Evidence that this might lead to a nett heat loss in severely hypothermic
- Some rescue guidelines now advise against removing wet clothing & instead advocate covering with a vapour barrier, add insulation & protect from wind
- **Will depend very much on where you are and time to rescue**
 - If rescue imminent (< 30 minutes), then probably best not to remove wet clothing
 - **In the NZ setting, in most situations, stick to the old guidelines. BUT, only remove wet clothing if you have shelter**

Why is it so difficult to get consensus?

- Lack of human studies
- Human studies usually of induced hypothermia in controlled environments
- Case reports

- **Consensus guidelines**



What about CPR?

- Signs of life/Vital signs difficult to detect in the hypothermic victim
- Take time to check for vitals (at least 1 minute)
- Check carotid pulse
- If no signs of life give 1 min rescue breathing & check again
- If still no signs of life, commence CPR
- **Intermittent CPR is OK & some evidence it is beneficial**
- **Severely hypothermic patients have been successfully revived after hours of cardiac arrest**



Cold Water Immersion

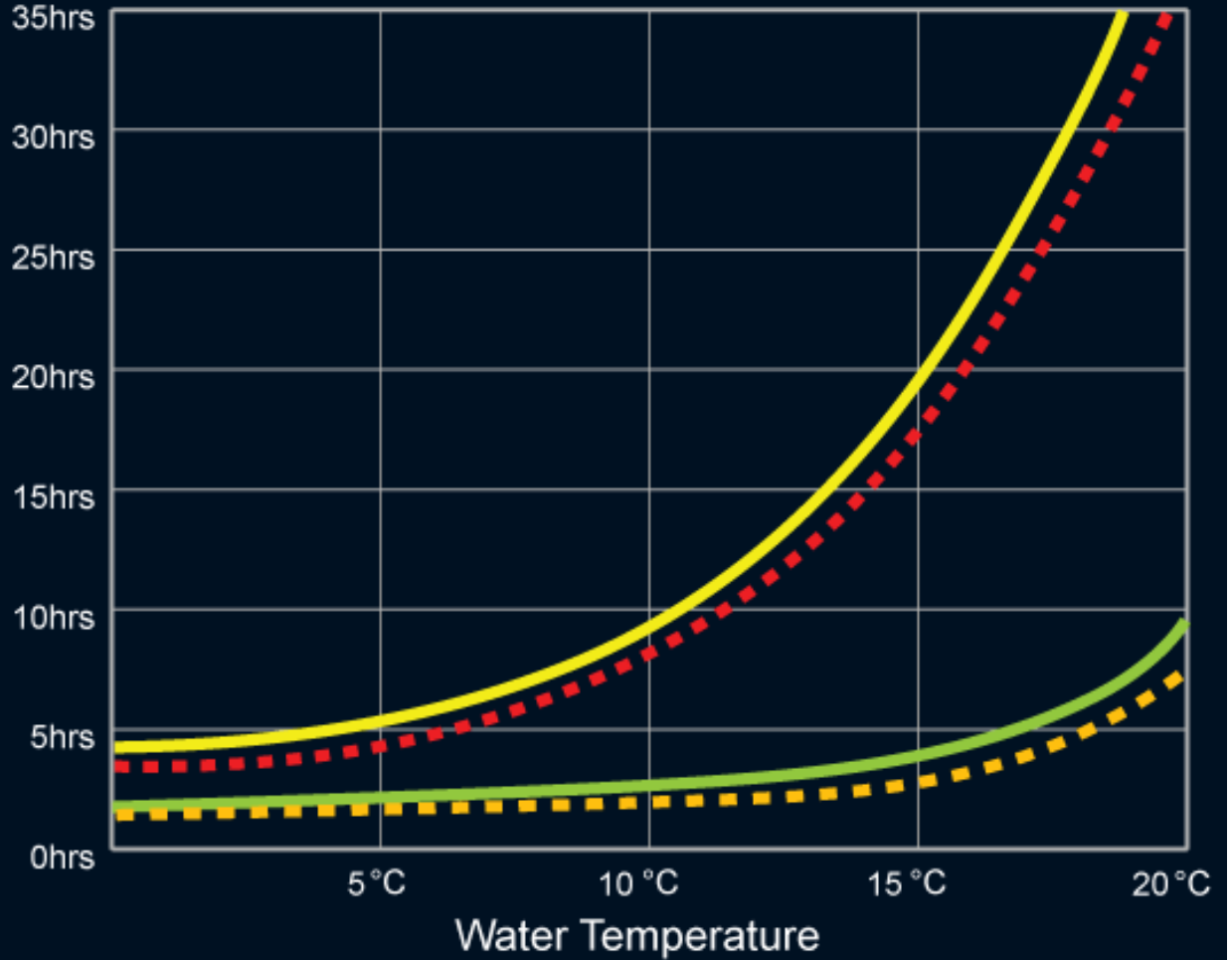
- 1-10-1 rule
- 1 min: Cold Shock: Gasp & Hyperventilation
 - Concentrate on breathing & keeping head above water. Floatation device which keeps head above water essential.
- 10 min: Cold incapacitation:
 - Use this time for self rescue if possible
- 1 hour: Hypothermia: even in coldest water will take about **1 hour** for core temperature in most to drop to life threatening levels

This graph estimates times for fatal HYPOTHERMIA to occur depending on gender and body mass.

- Overweight Female
- Overweight Male
- Lean Female
- Lean Male

Survival Time

Short, overweight female at 32.3% body fat
Short, overweight male at 28.1% body fat
Tall, lean female at 19.9% body fat
Tall, lean male at 14.3% body fat



COLD WATER BOOT CAMP



[Home](#) [Cold Facts](#) [Boot Campers](#) [Lifejackets](#) [Prevention](#) [1-10-1](#) [Partners](#) [Safety Net](#) [TV / DVD's](#) [Downloads](#)

Most of the water in Canada is cold year round. It's cold water that is a major contributor to recreational drowning deaths year after year. Nine Boot Camp volunteers offered to 'jump in with both feet' and experience first hand what happens in 6 degree Celsius water. On this site you can:

View - video clips of boot campers' immersions that will take you into the water with them.

Join - Dr Gordon Giesbrecht, (Professor Popsicle) in the classroom to learn about his 1-10-1 formula for survival in cold water.

Discover - information on Lifejackets...your first line of defense against cold water immersion.

Learn - about the medical and physical data related to cold water accumulated by researchers, agencies and the Coast Guard from across the country

We want to hear from you!!!



<http://www.coldwaterbootcamp.com/pages/home.html>

