

CONSERVE BODY HEAT



TREATMENT IN THE FIELD

°F	BODY SIGNS/SYMPTOMS TEMP. (rectal)	
98.8	37.5°C NORMAL	
97	36 FEEL COLD	Seek dry shelter, replace wet clothing with dry including socks, gloves, hat, cover neck, insulate whole body including HEAD from cold. Exercise but avoid sweating. External warmth (bath, fire) ONLY if CORE TEMP. above 35°C. Warm sweet drinks and food (high calories).
95	35 SHIVERING	
BODY CORE TEMPERATURE BELOW 35°C = HYPOTHERMIA = HOSPITAL		
93	34 CLUMSY IRRATIONAL CONFUSED (may appear drunk)	NO EXERCISE, HANDLE GENTLY, REST. NO EXTERNAL WARMTH (except to chest, trunk, eg. Hiebler Jacket). Warm sweet drinks and calories. Internal warming via warm moist air (exhaled air, steam) or warm moist oxygen (40 - 42°C at mask).
92	33 MUSCLE STIFFNESS	Monitor pulse, breathing. Restrict all activity, lie down with feet slightly raised.
90	32 SHIVERING STOPS, COLLAPSE.	TRANSFER TO HOSPITAL. URGENT.
88	31 SEMI CONSCIOUS	Nothing by mouth. Check airway remains open.
86	30 UNCONSCIOUS No response to painful stimuli	May tolerate plastic airway, put in recovery position, check airway, turn every 2 hours to protect skin, monitor pulse and breathing.
84	29 SLOW PULSE AND BREATHING	Slow mouth-to-mouth breathing, at victim's own rate (may be very slow).
82	28 CARDIAC ARREST No obvious pulse or breathing Pupils dilated	Check airway. CPR, with mouth-to-mouth breathing. Aim for normal CPR rates of 12-15 breaths/min. and 80-100 compressions/min. but slower rates of 6-12 breaths/min. and 40-60 compressions/min. may be adequate. Continue for as long as you can.
BELOW 28°C. NO VITAL SIGNS, COLD. DO NOT GIVE UP TREATMENT.		
NOTE: NOT DEAD UNTIL WARM AND DEAD!		
Avoid rapid rewarming and HANDLE GENTLY AT ALL TIMES. Core temperature may lag behind skin temperature and continue to drop, so keep monitoring.		

www.hypothermia.org

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