**Frost Bite**

Injury or illness from environmental exposure varies depending on the *manner* of exposure (wet or dry) and the *amount* of exposure (time, temperature, wind chill factor, and ambient air). Cold weather emergencies range from localized frostbite to severe hypothermia with unresponsiveness and unconsciousness.

The patient's health and predisposing factors may increase the likelihood of environmental injury or illness. Patient suffering from trauma, shock, hypoglycemia and stroke are at greater risk of developing hypothermia. Newborns, infants, drug & alcohol abuse patients and the elderly have increased predisposition to hypothermia. The primary goal in the treatment of the patient at risk for hypothermia is to insulate the patient and prevent further heat loss.

| Legend | |
|---|---|
| | EMR |
| | EMT |
| | Intermediate |
| | Paramedic |
| | Medical Control |

**Universal Patient Care SMO**

**EMR**

1. Remove from cold and create a warm environment for the patient.
2. Remove wet/cold clothing cover the patient with warm blankets and move patient to warm environment.
3. Protect frozen part:
   a. If blisters appear, dress as recommended for burns with clean sterile dressing
   b. Protect and elevate the affected extremity. Consider padding and splinting of the extremity to prevent further trauma if the situation requires use for evacuation.
   c. Protect from refreezing.
   d. DO NOT break blister formations and remove all jewelry if possible.
   e. Avoid pressure or friction to the part.
4. Pulse ox readings may be false or not detected.

**EMR**

**EMT**

1. Continue EMR care.
2. If rewarming process is started (100-105°F), it must be continuous until arrival at the hospital.
3. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary.

**EMT**

**P** **I**

1. Continue EMT care.
2. Follow "pain management" protocol if necessary.

**I** **P**