SCGH ED
Drug Induced or Exertional Hyperthermia Pathway

Activation

Significant hyperthermia with associated agitated delirium/altered LOC
- From an environmental and/or toxicological cause
- *Not* for use in **Sepsis!**

In this context, temperatures **> 39.5°C** are **TIME CRITICAL** and need urgent intervention
- **Aim to rapidly control agitation and cool patient to < 38.5°C**

Alert Clinical Toxicologist if suspicion of drug-induced hyperthermia

Send HSA to Theater early for more ice

1

Start Active Cooling
- **Remove clothing & commence invasive temperature monitoring (Rectal or Oesophageal)**
- **Grab garbage bags/cable ties from trauma cupboards & ice from assessment/triage eskies & theater 2nd floor reception**
- **Fill bags with ice, add water to create slurry, cable tie bag knot to secure further.**
- **Then pack axilla, lateral neck, groin +/- as much body surface area possible**
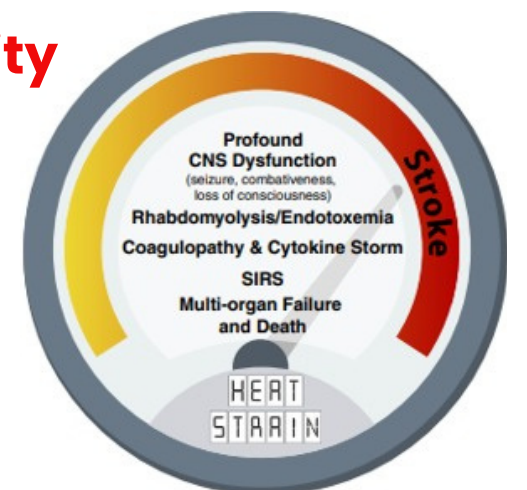
2

Rapid Sedation
- **Immediate control of any agitation is essential to reduce heat generation**
- **Avoid prolonged physical/mechanical restraint**
- **First line:** Midazolam, Droperidol or Ketamine
- **Second Line:** Consider proceeding to RSI if unable to control temp/agitation

3

Haemodynamic Support, be prepared for haemodynamic instability
- **Fluid resuscitation with cold normal saline**
  For hypotension; early bedside echo if available
    First line: Noradrenaline
    Second line: Vasopressin - may work better in severe acidosis
- **Identify and treat electrolyte disturbance**

4

Secure Airway "Resuscitate before you intubate"
- **Prepare for potentially difficult intubation:**
      Physiological: hypotension, acidosis, metabolic demands
      Anatomical: trismus
- **Use Rocuronium (eg 1.5mg/kg) as RSI paralytic.** *Avoid* **Suxamethonium**
- **May benefit from mild hyperventilation post-intubation (pCO2 35-40)**

5

Early ICU Referral
- **Consider deep sedation & continuous paralysis**
- **Monitor for complications – Seizures, Rhabdomyolysis, DIC, Electrolyte disturbances and Hepatic/Renal/Cardiac compromise**
- **May benefit from extracorporeal support - ECMO/Dialysis**

STOP cooling once temp <38.5