Temporary Standing Order

For Heat Related Emergencies

It is the intent of this document to provide a uniform standing order for heat related emergencies at major, pre-planned events in Loudoun County, Virginia. This is intended as a template to be copied and used by Loudoun County EMS agencies as needed. The variables of each event are to be inserted and provided to the Operational Medical Director at least seven (7) days prior to the event. It is the responsibility of the requesting agency to provide copies of the "Temporary Standing Order" to all ALS providers assisting with the event as well as agencies and technicians potentially effected by the event. This standing order applies only to the event specified at the location(s) in this order.

Event Title:

_____

Location(s):

_____ _____

_____ _____

_____ _____

_____ _____

Event and Temporary Standing Orders Start Date and Time:

_____/_____/_____ _____
Date **Time**

Event and Temporary Standing Orders End Date and Time:

_____/_____/_____ _____
Date **Time**

_____ _____
Responsible EMS Agency **Responsible Officer Signature/Title**

Loudoun County ALS Directive
Temporary Standing Orders for Heat Emergencies
(Time and Date Sensitive)

The following directive is to be used by Loudoun County ALS providers and those acting on behalf of a licensed EMS agency for heat related emergencies during the pre-planned major event shown on page 1 of this document. It is only to be used during the dates and hours specified and only at the locations of the event specified on page 1.

Patients presenting with heat related symptoms:

1. **Patients with a blood pressure above 90 mmHg., a pulse rate less than 120 and denying nausea:**

    a. **Cool and rest**
    b. **Hydrate with oral fluids**
    c. **Continuously monitor vital signs and evaluate response**
    d. **Document all assessment finding and treatments on the Loudoun County Pre-hospital Care Report (LC PCR)**
    e. **If the patient symptoms change (nausea) or worsen, go to #2 below**
    f. **After 30 minutes of oral hydration, reassess the patient's condition.**
        1. **If the patient has improved, have the patient sign the patient waiver portion of the LC PCR**
        2. **If the patient is unchanged or worsened, go to #2 below**

2. **Patients (between the age of 16 and 60) with a blood pressure of 90 mmHg. or below, a pulse rate of 120 or greater, or complaining of nausea or have worsened from #1 above (not successfully rehydrated orally)**

    a. **Cool and rest**
    b. **Establish an IV of Normal Saline 1000 ml.**
    c. **Infuse 1000 ml of Normal Saline (NaCl) at a wide open rate via macro infusion set.**
    d. **Continuously monitor vital signs and evaluate response**
    e. **Document all assessment findings and treatments on the Loudoun County Pre-hospital Care Report (LC PCR)**
    f. **Infuse a second 1000 ml of Normal Saline (NaCl) over a 1 hour rate via a macro infusion set.**
    g. **Continuously monitor vital signs and evaluate response**
        1. **After hydration, reassess the patient's condition. If the patient's condition improves, then you may discontinue the IV and have the patient sign the patient waiver portion of the LC PPCR**

2. **If the patient fails to show adequate improvement or worsens, provide additional treatment as necessary and have the patient transported to the hospital.**

3. **Patients with a blood pressure of 90 mmHg. or below, a pulse rate of 120 or above, or complaining of nausea <u>AND</u> has a history of other pre-existing medical conditions (i.e., cardiovascular or diabetes) <u>OR</u> are either under 16 or over 60 years of age:**

   a. **Provide appropriate treatment and transport to the hospital**

4. **Medical Control shall be utilized as necessary.**

5. **All patients shall have a LC PPCR completed and patients who are discharged from the treatment area shall sign a Waiver of Transport on the back of the LC PPCR.**

_____ _____

OMD **Date**