

Hypothermia - relating symptoms to treatment

Stage	Signs & Symptoms	Treatment
Stage I	Patient alert and shivering	Provide shelter and insulate from wind, rain or snow. Encourage shivering or exercise to generate heat. Give hot sweet drinks and food. Evacuation from the field is not mandatory, but should be considered if there is the suspicion of a hidden injury or another problem that may have precipitated the hypothermic condition, such as alcohol consumption.
Stage II	Patient drowsy and not shivering	This patient is not shivering, and is vulnerable to life-threatening dysrhythmias (abnormal heart rhythms) if handled roughly or inappropriately. He/she should be nursed horizontally in the safe airway position to protect the airway (unless spinal injury suspected), and he/she should be warmed in the field. If the patient can swallow, then give hot sweet drinks and food. Evacuate ASAP.
Stage III	Patient unconscious, but with vital signs present	This patient will have a reduced level of consciousness, and will be on the cusp of suffering a potentially fatal dysrhythmia (abnormal heart rhythm). Safe (minimal, gentle) patient handling is vital to preserve stability of the circulatory system. The patient should be handled as if they were made of thin glass. Measures to re-warm and insulate against further loss of heat must be employed. Evacuate ASAP.
Stage IV	Absent vital signs, apparent death (thorax compressible, pliable abdominal muscles)	This patient is severely hypothermic and apparently dead. The pupils are fixed and dilated. CPR must be started immediately <i>provided that once commenced, it is continued uninterrupted through to definitive care</i> . The rationale for this is that at very low temperatures it may be difficult to confirm ventilation or cardiac activity and initiation of CPR may trigger ventricular fibrillation (VF). To then cease CPR would be terminal. Handle as for Stage III. Evacuate ASAP.
Stage V	Death due to irreversible hypothermia (non-compressible thorax, rigid abdomen) or injuries obviously incompatible with life.	No treatment.

Reference

This methodology is based on the 'Swiss' (Swiss Society of Mountain Medicine) method as described in Davis PR and Byers M, 2006. Accidental Hypothermia. J R Army Med Corps 2006; 152: 223-233.