Frostbite 1st degree -Irritates the skin 2nd degree -Blisters but has 3rd degree no major damage Involves al layers of the skin and

MPH	Knots	(Temperatures are in degrees fahrenheit)																		
Calm	Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45	
5	4	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45	-50	
10	9	30	20	15	10	5	0	-10	-15	-20	-25	-35	-40	-45	-50	-60	-65	-70	-75	
15	13	25	15	10	10	-5	-10	-20	-25	-30	-40	-45	-50	-60	-65	-70	-80	-85	-90	
20	17	20	10	5	0>	-10	-15	-25	-30	-35	-45	-50	-60	-65	-75	-80	-85	-95	-100	
25	22	15	10	0	-10	-15	-20	-30	-35	-45	-50	-60	-65	-75	-80	-85	-95	-105	-110	
30	26	10	5	0	-5	-20	-25	-30	-40	-50	-55	-65	-70	-80	-85	-95	-100	-110	-115	6
35	30	10	5	-5	-5	-20	-30	-35	-40	-50	-60	-65	-75	-80	-90	-100	-105	-115	-120	a
40	35	10	0	-5	-10	-20	-30	-35	-45	-55	-60	-70	-75	-85	-95	-100	-110	-115	-125	-

INCREASING DANGER

(Flesh may freeze

within one minute)

W

D

Winds above

40 MPH

have little

additional effect

Little

Danger of

Frostbite

causes permanent

GREAT DANGER

(Flesh may freeze

within 30 seconds)

٥F

tissue damage

HOSPITAL TREATMENT FOR HYPOTHERMIA

CAUTION www.hypothermia.org DO NOT massage cold limbs. No re-exposure to cold Exercise to generate body heat but no sweating. Warm bath. DO NOT give alcohol or coffee. Warm sweet drinks, calories Keep warm for several hours. 95-Watch for drop in temperature. CHECK FOR OTHER INJURIES. MINIMUM STAY - 48 HOURS 93 Watch out for late cardiac arrhythmia. NO exercise. Warm only trunk, chest. NO external warmth except Hiebler Give warm, sweet drinks. warm water type jacket to trunk and Warm moist air or warm moist oxygen, chest. 40-42°C at mask. NO cold air, oxygen. e.g. Warm IV fluids e.g. Dextrose/Saline 5% NO cold drinks. 90 at 37°C, 50% Dextrose, 20ml. DO NOT overload with IV fluids. Monitor pulse, respiration, ECG. JOLTING DURING TRANSPORT MAY CAUSE CARDIAC ARREST. 88. Nil by mouth except glucose jelly. NO food or drink Check airway, recovery position. Turn every 2 hours to protect skin. 86-Oropharyngeal airway Slow synchronous mouth-to-mouth or mask. Endotracheal intubation may precipitate Defibrillate if necessary. Intubate if unable to ventricular fibrillation. maintain airway. Ventilate with 50% humidified NO drugs unless CORE temp. above oxygen at 42°C, CPR at 6-12 ventilations/min. and 32°C. e.g. Lignocaine. 40-80 compressions/min. Warm peritoneal lavage (standard dialysate as fast as it will flow), or Arteriovenous by-pass warming.

CONTINUE TO TREAT	DO NOT GIVE UP
Monitor Core temp. Monitor biochemistry (potassium, sugar, acidity) and correct cautiously.	DO NOT defibrillate until CORE temp. above 30°C.

NOTE: CORE temp. lags behind skin temp, watch out for after-drop. Other complications may arise during rewarming (e.g. cardiac, fluid balance).