













HYPOTHERMIA PREVENTION AND TREATMENT

NOTE: Aggressive steps should be taken early to prevent further loss of body heat and, when possible, actively warm (by adding external heat) trauma and burn casualties.



CONSIDER body substance isolation.

NOTE: If a Combat Lifesaver is available, direct them to assist.

NOTE: Ensure hemostasis, assess, and treat for hemorrhagic shock.



MINIMIZE the casualty's exposure to the elements.



PLACE insulation material between casualty and cold surface as soon as possible.

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KEEP DRY CLOTHING and protective gear on or with the casualty.

REMOVE WET CLOTHES and replace with dry clothes/materials, if possible.







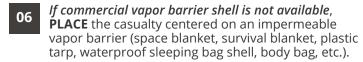






STEP 10 NOTE: Do not cover up the casualty's face. **STEP 10 NOTE:** As soon as possible, upgrade any improvised vapor barrier to a well-insulated enclosure system as additional materials become available.





of *If an active warming device is available*, open the active warming device package, **REMOVE** the device, and **EXPOSE** to air (per manufacturer's guidance).

APPLY the active warming device on the casualty's anterior torso and under the arms in the axillae.

CAUTION: Do not place the active warming device directly on the skin to prevent burns.

If an active warming device is not available, **WRAP** passive warming materials (blanket, etc.) under and around the casualty, including the head.

CAUTION: Passive hypothermia prevention does not reverse the hypothermic process.

WRAP the entire vapor barrier shell (or other improvised impermeable vapor barrier materials) completely around the casualty, including the head and secure using tape if necessary.

PROTECT the casualty from further exposure to wind and precipitation while awaiting evacuation.

MONITOR the casualty closely for life-threatening conditions.

DOCUMENT all findings and treatments on a DD Form 1380 TCCC Casualty Card and attach to the casualty.

STEP 10 NOTE: As a planning factor, pre-stage an insulated hypothermia enclosure system with external active heating for transition from non-insulated hypothermia enclosure systems.