

Management Heat Stroke at Intensive Care Unit

| Specific Organ | | Day 0 | Day 1 | Day 2 | Day 3 | D/C |
|----------------|---------------------|---|---|--|----------------------------------|-------------------------|
| Fever | | Therapeutic hypothermia | Tepid sponge Evaporization | Septic W/U Empiric antibiotics | | |
| Neuro | Seizure | Diazepam 5-10 mg iv q 4 h Phenytoin 15-20mg/kg iv Or Depakene 15-20 mg/kg iv | Observe seizure Continue iv AEDs | Observe N/S Switch AEDs to orally | | Advice Continue AEDs |
| | Anoxic brain | Therapeutic hypothermia (core temp <35°-36°c) at least 24 h | Observe N/S | Observe N/S | Observe N/S | Supportive care |
| Cardio | Hypotension | Iv fluid load CVP if necessary Monitor urine output +/- Inotropic drugs | Urine output > 50cc/kg/h | Urine output > 50cc/kg/h | | |
| | Myocardial ischemia | Rx as ACS (beware bleeding in case of DIC) | F/U clinical CK/Trop T | | | |
| | Arrhythmia | Antiarrhythmic drugs e.g. Diltiazem (Herbesser) for SVT, Amiodarone (Cordarone) for VT Sync Cardioversion if unstable BP EKG monitoring | EKG monitoring Switch iv drugs to oral medications | | | |
| Pulmonary | Pulmonary edema | Diuretics (if V/S stable) PPV (BIPAP or ETT) | Diuretics +/- PPV | Ventilator support O ₂ therapy | | |
| | ARDS | PPV (ETT) Protective lung strategy – low Vt/high PEEP | PPV | Ventilator support | Try to weaning +/- Extubation | |
| GI | Bowel ileus | NPO , +/- PPI | Liquid/soft diet | | | |
| | Ischemic hepatitis | Control BP | F/U LFT, PT, INR | | | |

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|--------------|---------------------|--|---------------------------|--|--|--|
| KUB | Acute Renal Failure | Balance I/O Rehydration | I/O F/U BUN/Cr, e'lyte | | | |
| | Rhabdomyolysis | +/- Diuretics | F/U CPK | | | |
| Hemato | DIC | Blood transfusion Correct coagulogram | F/U CBC, PT, PTT, INR | | | |
| Psychosocial | | Confidential support | Advice | | | |