

# Major Consequences of Hypothermia in Trauma **Patients**

#### Reminder!!

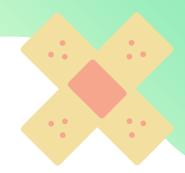
It does not need to be cold to create a hypothermic environment.

#### Causations

- fluid resuscitation- irregular amounts of cool isotonic solutions (NS)
- Exposure to cooler ambient temperatures
- Large burns- weepy fluids
- Medications (), alcohol
- Shock- hypoperfusion causes temperature regulation to fail
- Temp < 35.5



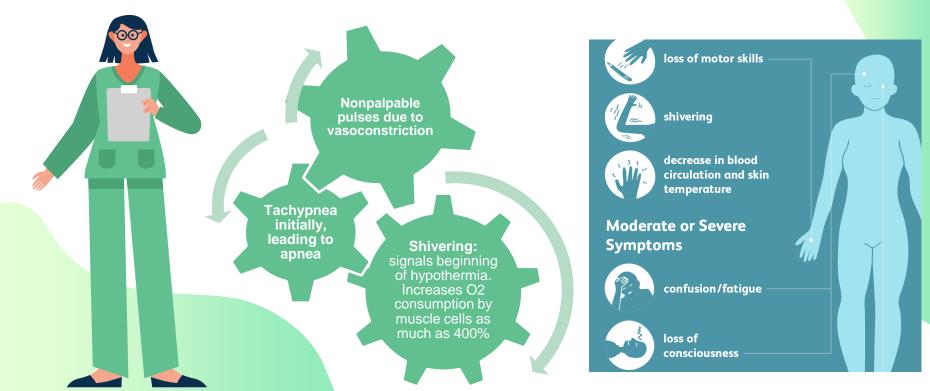
# Caution





\*\*Attempting to rewarm a
hypothermic trauma patient may
cause serious problems as the
blood pooled in the periphery of
the body returns to its central
core – brings along high
amounts of waste and acidosis.

## **Signs and Symptoms**



#### **Consequences of hypothermia- overview**

01

Cardiovascular complications

02

Bleeding

03

Infection

04

Acid-Base Imbalances 05

Renal complications



### **Cardio Complications**

Cardiac output

Leads to myocardial ischemia

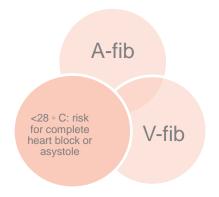
Bradycardia or tachycardia

As the temperature decreases, vasoconstriction increases

Has the temperature decreases, vasoconstriction increases

Tachy: mild

**Arrythmias** 

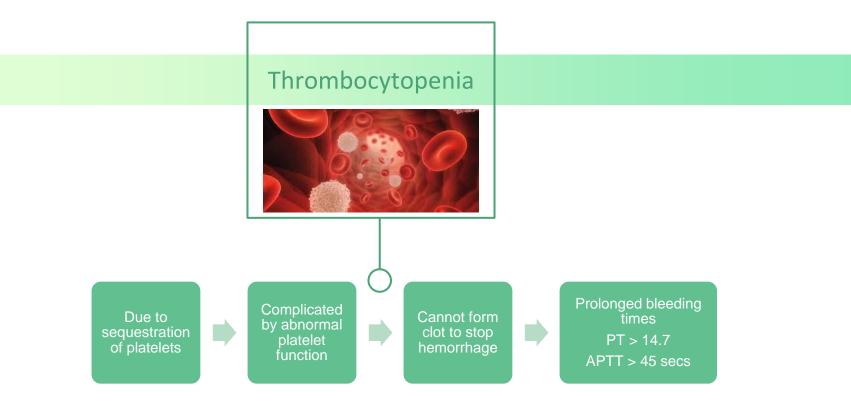


Impaired tissue O2 delivery

Response to catecholamines

Epinephrine

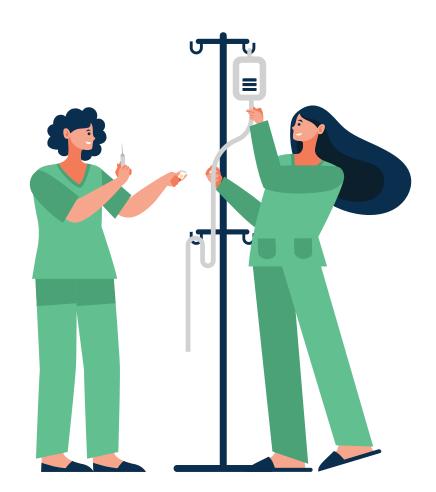
## **Bleeding**



#### Infection

↓ amount and function of WBCs

↑ Risk of wound infection, pneumonia, and sepsis



#### Acidosis

#### Circulatory insufficiency

Tissue anoxia

Aneorobic metabolism – excessive lactic acid production

Liver cannot metabolize = metabolic acidosis PH <7.25

Decreased metabolism and ventilation = accumulation of CO2 = respiratory acidosis



### **Renal Complications**





Hypothermia ↓ ability of kidney to reabsorb fluids and electrolytes

Causes initial inappropriate cold diuresis

Temp continues to  $\downarrow$  = urine output  $\downarrow$ 

Increases risk for hypotension