#SALFORD-EM-SIM

A Simfographic to Share the Learning!
12/06/2026: Exertional Heat Illness

THE CASE...

Stage 3 - ?sepsis

- 39 yo male found collapsed
- Confused, tachycardic and febrile

THE CLUES...

What else could it be?

- He was found collapsed in the park around midday during a heatwave in his running gear
- Temp climbs to 40.1℃, K+ is 6.9mmol/L
- Patient is confused, vomiting and paracetamol isn't helping

THE TECHNICAL...

Cool aggressively...

- Cold water immersion (CWI) is the best way to cool someone quickly but may be impractical for the whole body
- Immersion of hands and feet in cold water may be more feasible
- Shade-strip-spray-fan(S3F) has a good balance of effective cooling and ease of use.
- A rectal thermometer should be used for continuous monitoring of core temperature, and they are available in ERA
- Cold IV fluids can be used as an adjunct to other cooling measures, but shouldn't be used alone
- Stop active cooling when 38 ◦ is reached to prevent rebound hypothermia

FACULTY OF PRE-HOSPITAL CARE

Scan for the pre-hospital guideline for management of EHI

THE NON-TECHNICAL...

...and be aggressively cool!

- Outcomes are considerably worse the longer the core body temperature remains elevated
- This is a race against the clock for the resus team, quick thinking outside of the box may be needed to cool the patient
- Teams should be decisive and ensure treatment for EHI starts as soon as it is recognised
- Any team member could suggest the winning answer so don't be afraid to speak up!

THE TAKE HOME...

- Cooling is time critical
- Shade, strip, spray and fan when CWI not practical
- Continuously measure core temperature
- 38 ◦ is cool enough

Salford Emergency Simulations

peter.kilgour@nca.nhs.uk jack.westerman@nca.nhs.uk