

Heat Stroke Treatment Authorization Form

The National Athletic Trainers' Association *Preventing Sudden Death in Sports Position Statement* is a research-based, peer-reviewed document that specifies model practices for treating conditions in athletes such as exertional heat stroke.

The position statement calls for taking a rectal temperature of those suspected of having exertional heat stroke. "The only accurate measurements of core body temperature are via rectal thermometry or ingestible thermistors. Other devices, such as oral, axillary, aural canal and temporal artery thermometers, are inaccurate methods of assessing body temperature in an exercising person."

"The evidence strongly indicates that in patients with suspected exertional heat stroke, prompt determination of rectal temperature, followed by aggressive, whole-body cold-water immersion maximizes the chances for survival. **Practitioners in settings in which taking rectal temperature is a concern should consult with their administrators in advance.**"

This form facilitates that opportunity for consultation.

Authorization

I am the duly appointed representative of _____ (school or employer). By circling a choice and signing below, I am directing the athletic trainer(s) at _____ (school or employer)

to **determine** core temperature via rectal thermometer

or

not to determine core temperature via rectal thermometer

in cases of suspected exertional heat stroke.

When rectal temperature is not utilized, I understand the position statement makes the following recommendation. "Because immediate treatment is critical in exertional heat stroke, it is important to *not* waste time by substituting an invalid method of temperature assessment. Instead, the practitioner should rely on other key diagnostic indicators (e.g., CNS dysfunction, circumstances of the collapse). **If exertional heat stroke is suspected, cold-water immersion should be initiated at once.**"

Administrator/Date

Team Physician/Date

Head Athletic Trainer/Date

NATA research-based position statements

The National Athletic Trainers' Association develops scientific, research-based position statements on topics related to athletes' safety and injury prevention. Position statements on lightning, concussion, asthma, spearing in tackle football and fluid replacement for athletes among others can be found at <http://www.nata.org/position-statements>.

Athletic trainer scope of practice and definition

Athletic trainers are health care professionals who specialize in the prevention, diagnosis, treatment and rehabilitation of injuries and sport-related illnesses. They prevent and treat musculoskeletal injuries from sports, physical and occupational activity and provide immediate care for acute injuries.

Excerpt from Exertional heat stroke section of the **NATA Preventing Sudden Death in Sports Position Statement Exertional heat stroke (EHS) Assessment**. The 2 main diagnostic criteria for EHS are Central Nervous System (CNS) dysfunction and a core body temperature > 104° to 105°F (> 40.0° to 40.5°C). The only accurate measurements of core body temperature are via rectal thermometry or ingestible thermistors. Other devices, such as oral, axillary, aural canal, and temporal artery thermometers, are inaccurate methods of assessing body temperature in an exercising person. A delay in accurate temperature assessment, which might allow a small amount of passive cooling to occur, must also be considered during diagnosis and may explain body temperatures that are lower than expected. Lastly, in many cases of EHS, the patient has a lucid interval during which he or she is cognitively normal, followed by rapidly deteriorating symptoms.

Due to policy and legal concerns in some settings, obtaining rectal temperature may not be feasible. Because immediate treatment is critical in EHS, it is important to *not* waste time by substituting an invalid method of temperature assessment. Instead, the practitioner should rely on other key diagnostic indicators (e.g., CNS dysfunction, circumstances of the collapse). If EHS is suspected, cold-water immersion should be initiated at once. The evidence strongly indicates that in patients with suspected EHS, prompt determination of rectal temperature followed by aggressive, whole-body cold-water immersion maximizes the chances for survival. Practitioners in settings in which taking rectal temperature is a concern should consult with their administrators in advance. Athletic trainers, in conjunction with their supervising physicians, should clearly communicate to their administrators the dangers of skipping this important step and should obtain a definitive ruling on how to proceed in this situation.

Treatment. The goal for any EHS victim is to lower the body temperature to 102°F (38.9°C) or less within 30 minutes of collapse. The length of time body temperature is above the critical core temperature (~105°F [40.5°C]) dictates any morbidity and the risk of death from EHS. Cold-water immersion is the most effective cooling modality for patients with EHS.^{104,105} The water should be approximately 35°F (1.7°C) to 59°F (15.0°C) and continuously stirred to maximize cooling. The athlete should be removed when core body temperature reaches 102°F (38.9°C) to prevent overcooling. If appropriate medical care is available, cooling should be completed before the athlete is transported to a hospital. If cold-water immersion is not available, other modalities, such as wet ice towels rotated and placed over the entire body and cold-water dousing with or without fanning, may be used but are not optimal. Policies and procedures for cooling athletes before transport to the hospital must be explicitly clear and shared with potential EMS responders, so that treatment by all medical professionals involved with a patient with EHS is coordinated.

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The NATA publishes its position statements as a service to promote the awareness of certain issues to its members. The information contained in the position statement is neither exhaustive nor exclusive to all circumstances or individuals. Variables such as institutional human resource guidelines, state or federal statutes, rules, or regulations, as well as regional environmental conditions, may impact the relevance and implementation of these recommendations. The NATA advises its members and others to carefully and independently consider each of the recommendations (including the applicability of same to any particular circumstance or individual). The position statement should not be relied upon as an independent basis for care, but rather as a resource available to NATA members or others. Moreover, no opinion is expressed herein regarding the quality of care that adheres to or differs from NATA's position statements. The NATA reserves the right to rescind or modify its position statements at any time.