

Answers

1. D. Less than 30 degrees Celsius

Loss of shivering occurs at 31 degrees Celsius. The Osborne or “J” wave is visible at temperatures less than 30 degrees Celsius and is clearly visible at 25 degrees Celsius. Areflexia begins at approximately 25 degrees Celsius. (*Air & Surface Patient Transport: Principles & Practice*, p. 467-71)

2. B. Hyperthyroidism

Hyperthyroidism is a hypermetabolic state, and an increase in body temperature or heat intolerance is expected. Ethanol ingestion, phenothiazines, barbiturates, antidepressants, and various pain medications are known to impair thermoregulation. (*Mosby’s Paramedic Textbook, 2nd edition*, p. 1061)

3. A. Lidocaine

In hypothermic hearts, lidocaine and procainamide paradoxically lower the fibrillatory threshold and increase the resistance to defibrillation. Bretylium and magnesium could be effective treatments. (*Mosby’s Paramedic Textbook, 2nd edition*, p. 1064)

4. B. Heat exhaustion

Heat exhaustion is characterized by irritability, dizziness, nausea, headache, and a core body temperature less than 39 degrees Celsius. The ability to sweat remains intact but is lost when the illness progresses to heatstroke. (*Mosby’s Paramedic Textbook, 2nd edition*, p. 1058)

5. C. Respiratory alkalosis

Initial symptoms of classic heatstroke include dizziness, headache, malaise, confusion, fever, tachycardia, hypotension, and hyperventilation. The respiratory rate quickens as a result of increased metabolic rate to increase heat loss through exhaled air. Therefore, respiratory alkalosis can be expected during the initial presentation phase. (*Air & Surface Patient Transport: Principles & Practice*, p. 489)

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