

**Antelope Valley Union High School District
Emergency School Healthcare Plan – Heat Intolerance**

School employees with student assignments will recognize the signs of illness and initiate the following health plan.

Nursing Diagnosis:

- Risk for sudden elevation of body temperature above normal range due to environmental exposure, dehydration and / or the inability to cool the body.

Student Health Goals:

- Student maintains normal temperature.
- Fluid balance remains adequate, even during extremes in weather.
- Receives appropriate and adequate interventions to maintain normal body temperature.

Signs of illness	Interventions
<p>Heat exhaustion signs</p> <ul style="list-style-type: none"> • Headache, dizziness and weakness • Nausea • Warm and flushed or red skin • Profuse sweating • Increased breathing (near or over 30 breaths per minute) • Increased heart rate (over 100 beats per minute) <p>Heat stroke signs</p> <ul style="list-style-type: none"> • Skin that is not sweating • Nausea and vomiting • Skin may be hot and flushed red or cool and clammy with shock • Confusion or decreased alertness • Breaths are near or above 30 per minute • Heart rate is over 100 beats per minute • Seizures 	<ul style="list-style-type: none"> ○ Stop all activity, get out of the sun and heat ○ Remove clothing or pour room temperature water on clothing (cold will cause shivering) ○ Offer room temperature fluids (cold fluids will cause stomach cramping) <p>Do all of the above interventions, and...</p> <ul style="list-style-type: none"> ○ Put ice packs under each armpit and in the groin for 20 minutes at major blood vessels ○ Take the temperature and call 9-1-1 if 101 degrees or higher ○ Watch for decreased alertness ○ Care for seizures ○ Contact Health Office

Call 9-1-1 when:

- **There is decreased alertness, increased confusion, or loss of consciousness**
- **He / she is unable to drink fluids or if vomiting occurs**
- **Temperature is at or near 101 (F) or more after 20 minutes of ice intervention**
- **He / she has a seizure during the heat intolerance episode**
- **He / she has other known medical conditions**
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Schedule	Care Required	Location for Care	Care Given by
As needed	Any heat intolerance care	Student location	School staff members

Revised 2008