Temperature Rizing On Heat-Related Illness

Janelle Bludorn PA-C Duke University

Objective

- Bescribe trends in heat-related illness, including effects on vulnerable populations.
- Compare features of systemic heat-related conditions and select a treatment plan for each.

Differentiate the clinical presentations and management of heat-related dermatologic conditions.

Provide effective patient education on heatrelated illness, including prevention and when to seek medical care.

The problem

Pathophysiology | Epidemiology

Thermoregulation

Temperature maintenance

Hypothalamus

Evaporative cooling

Physiologic changes

Acclimatization

Physiological adaptations due to repeated exposure to a hot environment, including:

- Increased sweating efficiency
- Circulatory stabilization
- Ability to perform work with lower core temperature and heart rate
- Increased skin blood flow at a given core temperature



Extreme heat bears the highest mortality of any natural disaster



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Heat-related deaths in the U.S. have increased in recent years



Notes

2022 data is provisional.

Source: National Center for Health Statistics Credit: Alyson Hurt/NPR

Severity of environmental conditions correlate with incidence of heat illness



Populations disproportionately affected include:



Systemic Heat-Related Conditions

Heat Stroke

† core body temperature + central nervous system dysfunction in the setting of environmental heat



weak, dizzy, nausea lethargy



abnormal vitals, neurological findings



assess for concurrent & complicating conditions

Heat Stroke: Management



Heat Exhaustion

On the spectrum of heat stroke, less severe. No altered mental status.



fatigue, weak, nausea, headache, dizzy temp elevation clinical diagnosis

Heat Exhaustion: Management

evaporative cooling

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remove from heat

rehydration

monitor for change in clinical status

Heat Cramps

Painful muscle spasms usually affecting the abdomen, arms, or legs during or after activity in the heat



salt loss from sweating clinical diagnosis

Heat Cramps: Management



remove from heat

rest

replete fluids and electrolytes

Hot Takes

Pharmacologic therapy is not required in **heat stroke**; some medications including antipyretics and alpha adrenergic agonists can worsen clinical status.

Heat exhaustion does not present with altered mental status.

Factors that may contribute to **heat cramps** include dehydration, loss of sodium and/or potassium, and extreme environmental conditions.

Permatologic Heat-Related Conditions

Sunburn

Dermatologic inflammatory response to UV radiation from sun or artificial sources



onset 3-5 hours, peak 12-24 hours, subsides 72 hours erythema, pain, vesicles, blisters clinical diagnosis

Sunburn: Management



self-limiting



mild: cool compress/soaks, +/- topicals to soothe, nsaid



Heat Rash

Inflammatory disorder of the epidermis from blockage of sweat eccrine sweat ducts, also called miliaria, sweat rash, or "prickly heat"



hot, humid, or tropical environments



papules not associated with hair follicle



secondary bacterial infection possible

Heat Rash: Management

remove from heat

clothing: remove or wear breathable materials

evaporative cooling

+/- topical steroids & antibacterials; no emollients

Exercise Induced Vasculitis

Small-vessel vasculitis on the lower legs from physical activity during hot and humid weather



hot environment theme parks







clinical diagnosis, rule out coagulopathy & autoimmune, +/-biopsy

Exercise Induced Vasculitis: Management



Hot Takes

Cool compresses are the best initial management for **sunburn**.

Heat rash, sometimes called "prickly heat" is a pruritic, nonfollicular rash caused by blocked eccrine sweat ducts.

Physical activity in hot, humid weather can cause **exercise-induced** vasculitis.

Talking to Patienty Risk | Prevention | When to Seek Care

Extreme Heat (& Your Patients' Risk)

Screen all patients for risk of heat-related illness & identify heat-vulnerable patients

Let them and/or caregivers know of their at-risk status before the warm season begins



Prevention Measures



When to Seek Care

HEAT-RELATED ILLNESSES	
WHAT TO LOOK FOR	WHAT TO DO
HEAT STROKE	
High body temperature (103°F or higher) Hot, red, dny, or damp skin Fast, strong pulse Headache Dizziness Nausea Confusion Losing consciousness (passing out)	 Call 911 right away-heat stroke is a medical emergency Move the person to a cooler place Help lower the person's temperature with cool loths or a cool bath Do not give the person anything to drink
HEAT EXHAUSTION	
Heavy sweating Cold, pale, and clammy skin Fast, weak pulse Nausea or vomiting Muscle cramps Tiredness or weakness Dizziness Headache Fainting (passing out)	Move to a cool place Loosen your clothes Put cool, wet clothes on your body or take a cool bath Sip water Get medical help right away if: You are throwing up Your symptoms get worse Your symptoms last longer than 1 hour
HEAT CRAMPS	
Heavy sweating during intense exercise Muscle pain or spasms	Stop physical activity and move to a cool place Drink water or a sports drink Wait for cramps to go away before you do any more physical activity Get medical help right away if: Cramps last longer than 1 hour You're on a low-sodium diet You have heart problems
SUNI	BURN
Painful, red, and warm skin Blisters on the skin	Stay out of the sun until your sunburn heals Put cool cloths on sunburned areas or take a cool bath Put moisturizing lotion on sunburned areas Do not break blisters
HEAT RASH	
Red clusters of small bilsters that look like pimples on the shin (usually on the neck, chest, groin, or in elbow creases)	Stay in a cool, dry place Keep the rash dry Use powder (like baby powder) to soothe the rash

Scan, save, & print in English & Spanish to save a life (or an ER visit)



final Hot Takes

Extreme heat causes more mortality than all other natural disasters

Not all AMS + hot + hypotensive = sepsis...consider heat stroke

When it's hot, broaden your "rash" differential to include skin, ducts, and even vessels!

Screen all patients for risk of heat-related illness & help at-risk patients make a hot weather action plan

Reference/

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