CLINICIAN TOOLKIT

By Dr. Howard and Dr. Sherriffs

- Prevent progression to heat exhaustion or heat stroke
- Reduce ED utilization
- Maintain chronic disease stability

HEAT RISK IN PRIMARY CARE

High Risk Medical Conditions

- Age ≥65
- Pregnancy
- Heart failure, CAD
- Chronic kidney disease
- Diabetes
- Asthma/COPD
- Serious mental illness

Yes

Additional Risk Factors

High Risk Medications

- Diuretics
- Beta-blockers
- Anticholinergics
- Antipsychotics
- Lithium
- SSRIs/SNRIs (risk of dehydration, hyponatremia)

Social/Environmental Risk

- No AC
- Living alone
- Outdoor or agricultural work
- Athletes
- Housing instability
- Limited transportation
- ETOH use disorder

>= 2 RISKS

YES: Screen For

EARLY HEAT ILLNESS

- Dizziness or lightheadedness
- Nausea or vomiting
- Muscle cramps
- Fatigue or weakness
- Decreased urine output

RED FLAGS

- Confusion or AMS
- Syncope
- Core temp >104°F (40°C)
- Anhidrosis or collapse

ED

No Risk Factors

- Routine follow up
- Create a smart phrase for heat screening

1 HYDRATION

- Scheduled water intake (do not rely on thirst)
- Avoid alcohol; limit caffeine
- Electrolytes if heavy sweating (individualize for CHF/CKD)

2 COOLING

- Stay indoors 10 AM–6 PM
- Use AC or cooling centers
- Cool showers, damp cloths
- Fans only if indoor air < body temp

3 ACTIVITY MODIFICATION

- Avoid exertion during peak heat
- Encourage rest breaks for outdoor workers

4 CREATE A SAFETY PLAN

- Cooling access (home AC, cooling centers, public spaces)
- Daily check-ins (family, neighbor, community worker)
- Emergency contacts
- Backup hydration plan
- Transportation plan
- Medication supply confirmation

FOLLOW UP

☐ Phone/MyChart check-in within ___ hours
☐ In-person follow-up within ___ days
☐ Referral to social work/community resources