

MANAGING HEAT WAVES IN ACUTE CLINICAL AREAS



Heat awareness and mitigation for patients and staff - scan QR code for full guidance



VULNERABLE PATIENT GROUPS

People over 65, those living with respiratory and cardiovascular diseases, dementia, diabetes, renal disease, obesity, Parkinson's or mobility problems, severe mental health conditions, learning disabilities or substance-dependence. People who are experiencing homelessness, work outside or are manual labourers. Pregnant women, children and people who are socially isolated are also at risk. *Vulnerable patients should be cared for in rooms with temperatures under 26°C.*

MEDICATIONS AND EXTREME HEAT

Most medications require storage at/under 25°C.
Discuss with pharmacy team if >25°C.
Many common medical drugs can cause harm in extreme heat - consider dosing adjustments.

- **Dehydration / AKI / hypotension / falls** - diuretics, ACE-i, ARB, SGLT2i ('flozins), beta-blockers, CCB, laxatives
- **Impair temperature regulation** - beta-blockers, CCB, anticholinergics (e.g. TCAs, bladder instability drugs), ADHD meds, SSRIs & SNRIs, opioids, anti-psychotics
- **Toxicity common in dehydration** - lithium, digoxin, anti-epileptics - consider monitoring levels
- **Impair judgement / mobility** - opioids, benzodiazepines, sedatives, anti-psychotics

COMPLICATIONS OF EXTREME HEAT

See full guidance for detailed symptoms & management.

Air pollution and pollen interact to worsen symptoms

- **Heat cramps:** Fluid replacement (consider electrolytes).
- **Sunburn / heat rash:** fluids, cool flannels, OTC analgesia / antihistamines.
- **Heat exhaustion:** headache, fatigue, temp 38-40°C, dehydration, cognitive impairment, GI upset. Oral fluids (and electrolytes) if able.
- **Heat stroke:** temp >40°C, lack of sweating, shock, seizures, decreased consciousness. IV fluids, anti-epileptics, avoid paracetamol/ibuprofen.

BE KIND - extreme heat increases mental stress and irritability, as well as often worsening chronic health conditions. Staying calm and being kind is proven to improve patient safety outcomes and clinical team performance. For more information: www.civilitysaveslives.com

STAY HYDRATED: COOL DRINKS

Promote regular hydration in both patients and staff with water or fruit juice, use ice if available.
Review local heat plan if drinks for staff are usually restricted in clinical areas.

EAT COLD FOODS

Eat regular meals even if not hungry: Salads, fruit and ice lollies have a high water content. Consider **salt** - some people may require additional salt replacement as it is lost in sweat.

AMBIENT TEMPERATURES

Avoid using fans when indoor temperature is 35°C or hotter: fans do not cool body temperatures and increase the risk of heat-related illness. Close windows, blinds etc in daytime. If possible open windows at night when it is cooler outside. Wear light and loose fitting clothes, avoid dark coloured tights.

PHYSICAL EXERTION

If possible arrange physiotherapy, manual handling and other physical activities for cooler times of the day.