EXERTIONAL HEAT STROKE — EMERGENCY PROTOCOL

COOL FIRST. TRANSPORT SECOND.

Exertional heat stroke is 100% survivable. Start cooling within 10 minutes. Reach 102°F within 30. What happens on your sideline in the first minutes decides the outcome — not what happens at the hospital.

1 **STRIP**
Remove all equipment and excess clothing.

2 **IMMERSE**
Whole-body cold-water immersion immediately. Immersion tub. Stir the water and keep adding ice.

3 **NO TUB?**
Move to shade and rotate cold, wet towels over as much of the body surface as possible.

4 **AIRWAY**
Maintain airway, breathing, and circulation.

5 **CALL 911**
Call 911 right away, while cooling starts. One person calls; everyone else keeps cooling.

6 **MONITOR**
Rectal temperature, heart rate, breathing, blood pressure, and mental status.

7 **STOP AT 101–102°F**
Cease cooling when rectal temperature reaches 101–102°F (38.3–38.9°C).

8 **THEN TRANSPORT**
Cool on site first. Hand off to EMS second.

> **Rectal temperature is the only valid measurement.** Oral, tympanic, axillary, temporal, and forehead-sticker thermometers are not accurate on an athlete exercising in the heat and should never be used to assess one. If rectal temperature is unavailable, do not substitute another method — cool based on your field assessment.

Protocol per the National Athletic Trainers' Association Position Statement on Exertional Heat Illnesses.
For education and preparedness only. Not a substitute for professional medical advice, diagnosis, or treatment. In an emergency, call 911.