









Discharge from ED

Discharge to Home

- Normothermic without requiring cooling measures (ice bath or evaporative cooling) while at UCMC with normal mental status and vital signs
- Tolerating oral liquids and medication
- During period while at UCMC ED, Cr <1.5x baseline, Total CK downtrending or < 5,000 and no evidence of liver dysfunction and normal PO4.
- Physician discretion based on only mild laboratory abnormality and clinical improvement while in ED.

Admit to Obs

- Presentation is consistent with isolated heat related illness with mild dehydration and need for continued fluid hydration and sequential laboratory evaluation to evaluate for rhabdomyolysis, hepatic injury, acute kidney injury (BMP, Hepatic Function Panel, Total CK, PT/INR, UA)
- Vital signs stable with SBP > 90, HR < 115, normothermic and normal mental status (GCS 15)
- Laboratory analysis with evidence of moderate dehydration or mild rhabdomyolysis with Cr < 2x baseline/normal upper limit, Total CK < 20,000, LFTs < 500 with normal coagulation parameters
- Anticipated observation stay greater than 8 hours and less than 23 hours
- Heat illness requiring cooling measures (ice bath, evaporative cooling) while at UCMC ED and currently normothermic, but requiring continued temperature monitoring

Admit to Inpatient

- Unstable vital signs, altered mental status, hyperthermia requiring prolonged or multiple cooling measures while in UCMC ED
- Clinical picture consistent with continued Heat Stroke with AMS, seizure
- Cr > 2x upper limits of normal despite fluid resuscitation, uptrending total CK > 20,000, LFTs uptrending or > 1000 or abnormal coagulation indicating acute liver injury