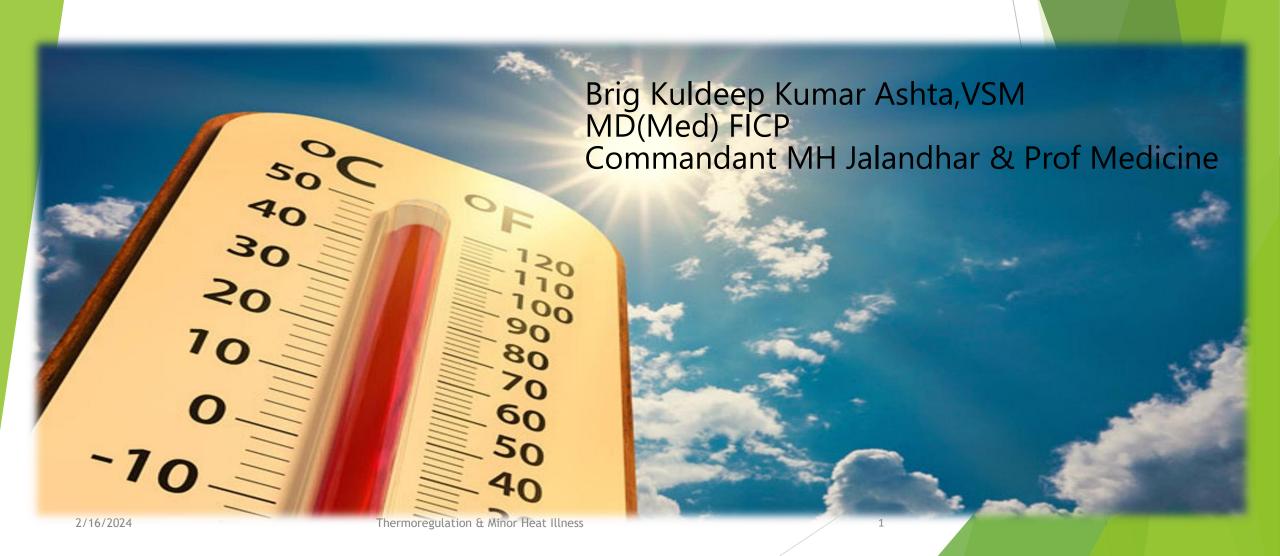
HEAT RELATED DISEASES ARMED FORCES PERSPECTIVE





HEAT ILLNESS CLINICAL SCENARIO

- ➤ 01 serving soldier, resident of Srinagar (J&K)
- > Posted newly to his unit at Bikaner, Rajasthan a week earlier
- Ran 5 Km (BPET) in his unit in May 2021
- > Presentation: very high fever, weakness, mental confusion & irritability
- ➤ On exam: Core body temp 105.8°F, Pulse-134/min, impaired sensorium
- Diagnosis: Heat Stroke
- Initial mgt in his unit: Immediate measures for rapid cooling, intravenous fluids in cool room
- Shifted to Military Hospital and managed further; Recovered fully

HEAT ILLNESS

- > 03 serving soldiers, residents of Garhwal
- Serving at Silchar, Assam
- > Ran marathon a day after returning from Annual Leave at home (Jul 2019)
- > Presentation: Fatigue, nausea, vomiting, weakness, collaplsed (After marathon)
- On exam: Febrile, rapid pulse, features of dehydration
- Diagnosis: Heat Exhaustion
- Managed with intravenous fluids, symptomatic treatment
- Outcome: Two soldiers recovered completely One soldier referred to Nephrologist due to kidney injury

Unique Host Factors

- Mix Population
- Frequent changes and travel
- Long leaves
- Rigours training
- Competitive sports routine
- Challenging residential accn in field
- Clothing and heavy personal Kit/wepons issues
- Lack of rest and medical conditions
- Acclimatization issues
- Environmental factors





Prevention and First Aid at each level

- Education of each personnel
- Education of Commanders
- SOPs at all levels
- Water and hydration discipline
- RMO advisors to Commanders on training schedule
- Medical cover of training and sports events
- Training of paramedics
- Training of doctors in environmental emergencies
- Cold rooms/heat stroke centres in field and forward areas
- Stress on disciplined acclimatisation

Relative Humidity	50%	60%	70%	80%	90%	100%
Temp C						
28	28.4	29.4	30.7	32.1	33.7	35.6
29	29.7	31.0	32.7	34.7	37.1	39.7
30	31.0	32.8	35.0	37.7	40.7	44.2
31	32.6	34.8	37.6	40.9	44.7	49.0
32	34.4	37.1	40.4	44.4	49.0	54.2
33	36.3	39.5	43.5	48.1	53.5	59.7
34	38.4	42.2	46.8	52.2	58.4	65.5
35	40.7	45.1	50.3	56.5	63.7	71.7
36	43.1	48.1	54.2	61.2	69.2	78.2

Extreme Caution - Heat cramp and exhaustion possible.

Danger - Heat exhaustion likely.

Extreme Danger - Heat stroke imminent.





HEAT STROKE vs HEAT EXHAUSTION



1. Dry, hot skin

Very high body temperature

Heat Exhaustion

1. Moist clammy skin

 Normal or subnormal temperature

FIRST AID

▶ To arrest the progress of the illness

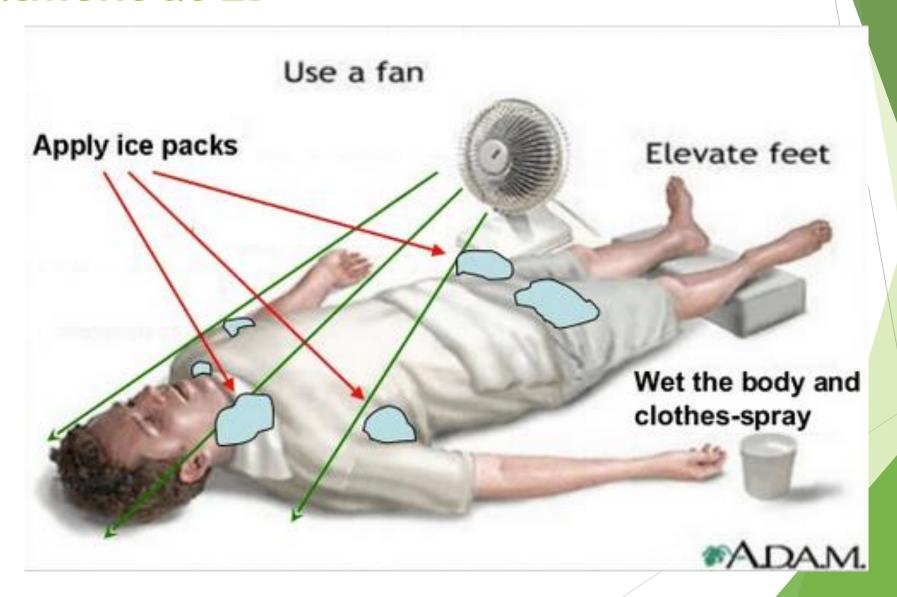
Avoid permanent neurological injury and save life.

► Remove the patient to a cool room. Start aggressive cooling.

FIRST AID

- Move patient to cooler Environment.
- Remove Clothing and initiate External cooling.
- Place cold packs on the neck, axillae and groin. Carryout continuous fanning along with spraying of skin with water at 25°-30° C.
- Position unconscious patient on side and clear airway.
- Administer O2 at 4 I / min & give IV saline.
- Goal to lower Core temp to 39°C, promote cooling by conduction and evaporation. Continue cooling while evacuation

Treatment at ED



TREATMENT AT ED AND PROVISION OF COOL ROOM



PATENT PENDING PORTABLE, COLLAPSIBLE IMMERSION
SYSTEM TO FACILITATE RAPID ON-SITE COOLING









PREVENTION

- Acclimatization conditioning of ranks and edn of Cdrs.
- Acclimatization 2 weeks time
- Exertion short pd—sweats but no exhaustion after 1 wk freq and duration increased till they can do several hrs in day without exhaustion, no tests of endurance first 15 days
- Fluid intake
- Salt intake
- Discipline of hydration and acclimatization protocols is strictly ensured
- Most cases of heat related injuries do occur due to break in protocols

CARRY HOME MESSAGE

- > Hydrate
- > Rest
- > Shade





THANK YOU



