Hot Weather Casualties and Injuries Chart



- Train commanders and soldiers on heat injury prevention and heat risk assessment
- Remember the acronym H-E-A-T when training in hot weather (H: heat category; E: exertion level; A: acclimatization; T: time of heat exposure & recovery time)
- Follow recommended fluid replacement guidelines and ensure nutritional requirements are met

	C	Sunburn		Heat Cramps
	Cause	 Exposure of skin to direct sun Can occur on overcast days 	Cause	 Excessive loss of salt from body due to excessive sweating Not acclimatized to hot weather
	Symptoms	 Red, hot skin May blister 	Symptoms	 Painful skeletal muscle cramps or spasms Mostly affects legs and arms
	First-Aid	 Moderate to severe pain Can result in fever Move to shade; loosen clothing if necessary Apply cold compress or immerse in cool water Apply moisturizing lotion to affected areas Hydrate with fluids Administer analgesics for pain or fever Do not break blisters 	First-Aid	 Replace salts Sit quietly in the shade or cool area Massage affected muscle Drink oral rehydration package or sports drink Drink 0.05 to 0.1% salt solution (add ¼ of MRE salt packet to 1 quart canteen) Get medical evaluation if cramps persist
	Prevention	 Adequate sun protection Use sunscreen liberally and apply often, especially when sweating excessively Select SPF 15 or higher 	Prevention	 Eat all meals to replace salt Consume salt-supplemented beverages if adequate meals have not been consumed prior to prolonged periods of heavy sweating Ensure adequate heat acclimatization
		Proper wear of clothing, cap		Heat Stroke
ſ	Cause	 Heat Rash (Prickly Heat) Restrictive clothing Excessive sweating Inadequate hygiene 	Cause	 Prolonged exposure to high temperatures Cumulative heat stress due to repetitive activity in hot environment Failure of body's cooling mechanisms Prolonged and overwhelming heat stress Predisposing factors such as sickness, poor health or certain
	Symptoms	 Causes heat intolerance if 20% of skin affected Red, itchy skin Bumpy skin due to blocked pores Moderate to severe itching Can result in infection 	Symptoms	 medications Any of above symptoms for heat exhaustion, but more severe Nausea, vomiting Altered mental status w/agitation, confusion, delirium, disorientation Elevated temperature, usually above 104° F
	First-Aid	 Apply cold compress or immerse in cool water Keep area affected dry Control itching and infection with prescribed medications 	First-Aid	 Can progress to loss of consciousness, coma, and seizures This is a medical emergency and can lead to death! Evacuate soldier to a medical facility immediately!
	Prevention	 Proper wear of clothing Shower (nude) after excessive sweating 		 Begin cooling aggressively. Body temperature that does not go below 100° F with active cooling or ANY mental status changes calls for immediate evacuation Initiate measures for heat exhaustion
		Heat Exhaustion		 Apply ice packs or iced sheets Assess soldier's mental status every few minutes
	Cause	 Body fatigue and strain on heart due to overwhelming heat stress Dehydration (see below) Inadequate acclimatization Inadequate physical fitness for the work task Most common exertional heat illness Dizziness Fatigue Weakness Headache, nausea Unsteady walk Rapid pulse 	Prevention	 If conscious, give sips of cool water while waiting for evacuation or ambulance Do not give water to unconscious soldier If possible, measure body temperature Monitor airway and breathing If medic or CLS is present, start intravenous (IV) fluids but limit to 500 ml NS or LR Continue cooling process during transport (until body temperature reaches 100° F or shivering starts) Follow measures for heat exhaustion Plan medical support for heat intensive operations Ensure appropriate Evacuation capabilities available Ensure Preventive Medicine personnel and measures are in place
	First-Aid	 Shortness of breath Initiate active cooling by best means available Move to shade and loosen clothing 		Additional Medical Considerations in the Hot Weather Environment:
		Lay flat and elevate feet Spray/pour water on soldier and fan for cooling effect or use ice	_	Dehydration
		sheets around neck, arm pits and groin, if available Monitor with the same (one) instructor or supervisor	Cause	Depletion of body fluids and possibly salt
		 Assess soldier's mental status every few minutes Have soldier slowly drink one full canteen (quart) of cool water every 30 minutes with a maximum of 2 canteens 	Symptoms	Dizziness Weakness and fatigue Rapid pulse
		If not improved in 30 to 60 minutes, evacuate for further medical care	First-Aid	 Replace lost water and salt Water should be sipped, not gulped Get medical treatment
	Prevention	 NOTE: Those who recover within 60 minutes should return to light duty on a profile for the remainder of the day Allow for acclimatization 	Prevention	 Drink 3-6 quarts of fluid per day Do not take dietary supplements Consume full meals and drink at mealtime Follow fluid replacement guidelines
		 Monitor WBGT Keep soldiers in shade whenever possible Follow water replacement guides 		Over Hydration (Hyponatremia)
		 Observe work-rest cycles Identify high risk individuals Maintain buddy system 	Cause	 Over hydration or water intoxication Decreased meals or dieting Loss of body salt Misdiagnosis and treatment for dehydration
		 Eat all meals in garrison and field Do not take dietary supplements Modify uniform accordingly 	Symptoms	Confusion Weakness Nausea, vomiting
		 Teach early recognition of symptoms Recognize cumulative effect of sequential hot days Reevaluate training mission if several mild heat injuries occur 	First-Aid	 Replace salt loss Follow measures for heat exhaustion If symptoms persist or become more severe with rehydration, immediate evacuation
			Prevention	 Follow fluid replacement guidelines Replace lost salt by consuming meals and sports drinks, as directed Provide snacks or carbohydrate electrolyte beverage during long training events Do not take dietary supplements

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