

Emergency Care in Sports Atlanta 2023

Friday Night Medical Time Out Pre-Game Checklist

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Executive Director, The Kyle Group

Regional Medical Director West Virginia EMS

Medical Director Paramedic Education

New River Community College



Disclaimer

- Dr. James Kyle
 - Executive Director, The Kyle Group
- Dr. Kyle and The Kyle Group did not receive commercial support for this activity and currently do not charge for the Medical Time Out pregame checklist materials, and therefore have no relevant financial relationships or benefits to disclose

Sports Venue Emergency Preparedness Pregame Checklist High School Football



Friday Night Medical Time Out

- **EAP Venue specific Visitor Sp Med and EMS**
- **On the Field – EMS communication and readiness Head and Neck**
- **Athlete Collapse – SCA, ECAST, and EHS**
- **Cheerleader, Band and Spectator Coverage**



Be Prepared



- **Stretcher on Track**
- **Equipment ready to go**
- **High Visibility**
- **Spectator, Cheerleader,
Band awareness**



Safe High School Sports Play





Communicate



Who Should be there?

- EMS
- Athletic Trainers
- Team Physicians
- Game Officials
- School Officials
- Law Enforcement



Friday Night Medical Time Out - 10 yr Birthday

16 SOUTHERN WV HIGH SCHOOLS ADOPT MTO
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WYOMING COUNTY BOARD OF EDUCATION ENDORSES MTO

ANDREWS INSTITUTE MTO BOARD MEMBER OF SPORTS SAFETY INTERNATIONAL
MAUI CURRENT CONCEPTS MARSHALL UNIVERSITY SPORTS MEDICINE
WVOEMS GUIDELINES STAT EMS
"ROSTER MEDICINE"

ANDREWS INSTITUTE LSU & UGA: MTO
ATLANTA EMORY SPORTS MEDICINE
ALLEN HIGH SCHOOL MTO LAUNCH

2012

2013

2014

2015

2016

2017

2018

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ATLANTA PUBIC SCHOOLS
BIRMINGHAM CITY SCHOOLS
WV EASTERN PANHANDLE
GEORGIA STATE EMS CONFERENCE
PRE- TEST SENTINEL SEIZURE

EMS STATE WIDE PROTOCOL 9205
SCA –
SENTINEL SEIZURE
AGONAL RESPIRATION
EHS –
COOL PRIOR TRANSPORT
ECAST –
DELAYED PEA ARREST
SIDELINE PARAMEDIC/ DOWNED ATHLETE

SPORTS EMERGENCY CARE (SSI) CHAPTER
EMORY SPORTS MEDICINE ATLANTA/GEORGIA
EXPANSION
GLOBAL VIDEO
DEDICATED WEBPAGE
SMART PHONE APP



Vital Sign Trending Sports Trauma Video



<http://www.andrewsref.org/injury-prevention/>

“Common Language” - EMS and ATC

Atlanta 1996

Vital Sign Trending

Rule of 100

Initiate VS trending if:

Pulse > 100

or

Temperature > 100

or

Systolic BP < 100

VS Trending

- Serial vital signs over 30 mins
- monitor heart rate, BP and temp
- response to rest, hydration, cooling, and other interventions

Friday Night Medical Time Out

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SMART PHONE APP



Friday Night MTO

What is the need in your community ?



WWHS, Beckley West Virginia
2,000 seats, No ATC, Strong EMS



Allen HS – Dallas Texas
\$60 M 28Kseats 800 Band

Friday Night Medical Time Out- 10 yr Birthday

16 SOUTHERN WV HIGH
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EMORY SPORTS MEDICINE
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Sports Venue Coverage: EMS Guidelines for Medical Time Out

High school sporting venues are high profile community events with an inherent risk of sports trauma or spectator illness or injury. Emergency Medical Services (EMS) coverage of West Virginia inter-scholastic Friday night football has been documented to occur in over 94% of contests. Similar to other rural states, physician and certified athletic trainers (NATA) are present in less than 50% of events. The Medical Time Out protocol promotes pre-game organization for response to athlete and spectator injury.

These guidelines provide a rationale and structure for EMS entry to the sports trauma arena with the focus on pre-game preparation and communication with medical staff for participating schools. The guidelines in this protocol provide procedures for catastrophic injury recognition and response. This encourages direct participation and venue awareness with EMS positioning to promote precision of response. EMS event coverage is a valued community service with a component of unique high visibility "fish-bowl arena" and deserves a component of protection for adverse outcomes.

EMS Squad education and implementation for a Medical Time Out prior to providing coverage for scholastic sporting events is consistent with new legislation for sports concussion in all 50 states.

Medical Time Out education and checklist should be monitored by the Squad Training Officer and Squad Medical Director.

A. The pre-game checklist should be initiated 15-30 minutes prior to the event and should

WVOEMS SPORTS VENUE PROTOCOL



Special Operational
Policies and Treatment Protocols

9205

Sports Venue Coverage: EMS Guidelines for Medical Time Out

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EMS Squad education and implementation for a Medical Time Out prior to providing coverage for scholastic sporting events is consistent with new legislation for sports concussion in all 50 states.


Medical Time Out education and checklist should be monitored by the Squad Training Officer and Squad Medical Director.

- A. The pre-game checklist should be initiated 15-30 minutes prior to the event and should document cell **phone contacts** for all participants - Team Medical Staff, EMS, Police, and School Officials.
- B. The checklist should include hand signals for EMS response to the field of play with need for sport concussion, backboard, ACLS support, and spectator response. Event sideline and press box radio communication is recommended but optional.
- C. **AED locations** in the venue should be recorded with documentation of Sentinel Seizure awareness in athlete sudden cardiac arrest.
- D. Procedures for **head and neck injury** should be reviewed with the captain assigned for C-spine control, face mask removal equipment, and agreed **technique for boarding** (log roll or 8 person lift).

- “High school sporting venues are high profile community events with an inherent risk of sports trauma or spectator illness or injury”

**Sports Venue Coverage:
EMS Guidelines for Medical Time Out**

H. Heat Illness

1.  Heat stress is common in high school football. Exertion Heat Stroke with rectal temperature above 104 F and altered mental status requires rapid cooling with ice bath immersion prior to transport. Heat exhaustion with temp above 100 F should include IVF with normal saline bolus (1 liter). Athletes with known or suspected sickle cell trait (SCT) are at increased risk for heat stress and may progress to explosive rhabdomyolysis and deterioration to PEA cardiac arrest from acute renal failure induced hyperkalemia. SCT athletes with heat stress require cardiac monitoring for development of peaked T waves or QRS prolongation.

I. Athlete Sudden Cardiac Arrest (SCA)

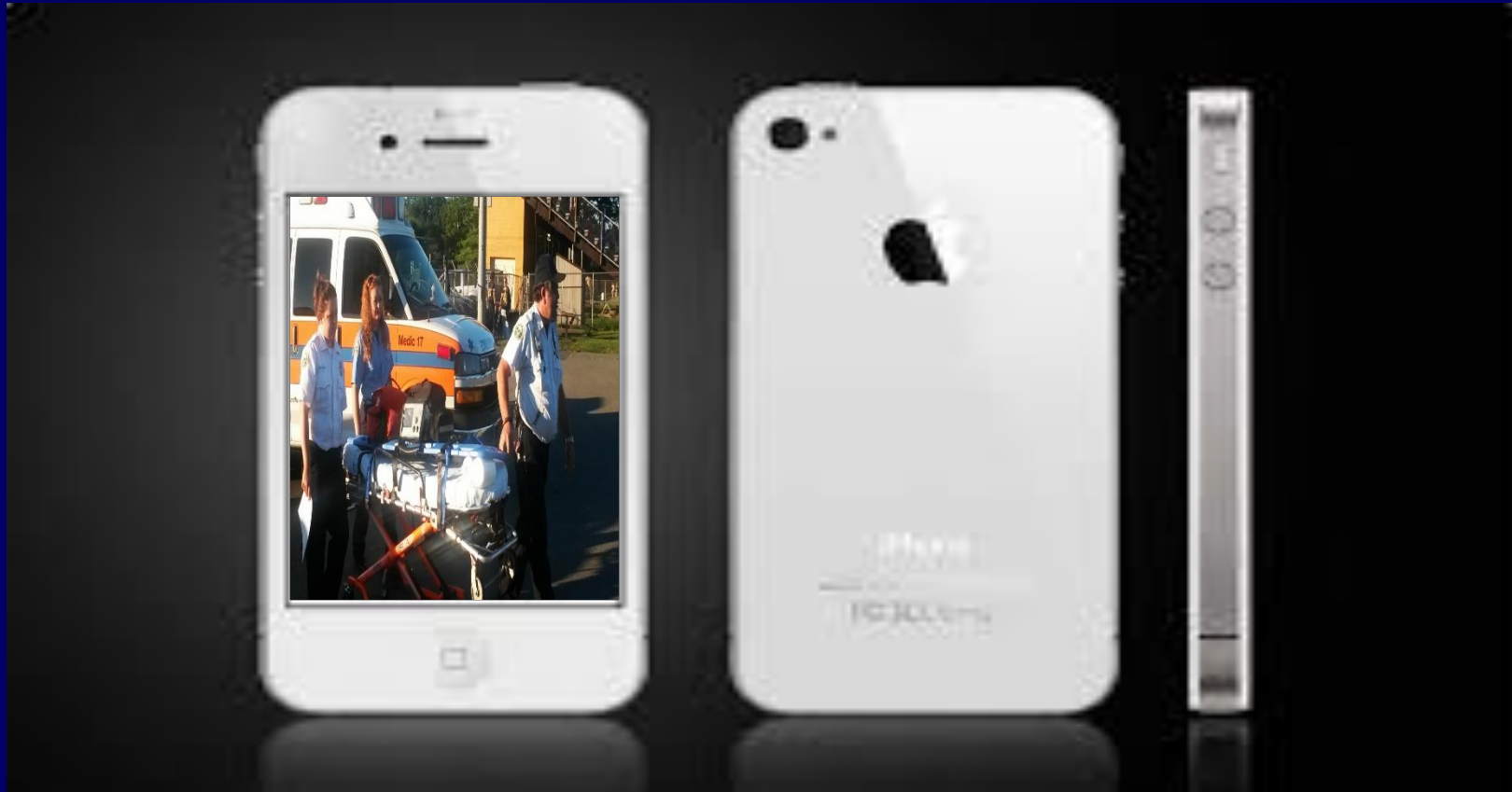
1. Intense exercise is a trigger for Sudden Cardiac Arrest in athletes with unrecognized Hypertrophic Cardiac Myopathy (HCM), Coronary Artery Anomalies, Arrhythmogenic Right Ventricular Dysplasia (ARVD), and Long QT Syndrome.
2. ***Sudden collapse during sports play should be considered cardiac in origin.*** Athlete



- **Maximize Time**
- **Minimize Chaos and Confusion**
- **Enhance Emergency Action Plans**



“Fishbowl” Arena



Barbara E. Kyle, President The Kyle Group



NFL Youth Sports Safety “Think Tank”

June 2018

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★ SPORTS EMERGENCY CARE (SSI) CHAPTER EMORY SPORTS MEDICINE ATLANTA/GEORGIA EXPANSION GLOBAL VIDEO DEDICATED WEBPAGE SMART PHONE APP

2019 MTO Checklist



2019
CHECKLIST

Review this checklist before any athletic event.

<input type="checkbox"/> ACLS EMS	EMS Squad: Name/Number	
<input type="checkbox"/> AED Sidelines	EMS Providers: Name	
<input type="checkbox"/> Sentinel Seizure/ Agonal Respiration Awareness	Cell	
<input type="checkbox"/> Backboard	Name	
<input type="checkbox"/> Face Mask Removal Tool	Cell	
<input type="checkbox"/> C-Spine Protocol	Designated Hospital	
<input type="checkbox"/> Environmental Risk Status	ED Contact Number	
<input type="checkbox"/> Cool Prior To Transport	Game Administrator: Name	
<input type="checkbox"/> Lightning Plan	Cell	
<input type="checkbox"/> Hemorrhage Control Kit		

Home Team Physician Name: _____	Home Athletic Trainer Name: _____
Cell: _____	Cell: _____
Visitor Team Physician Name: _____	Visitor Athletic Trainer Name: _____
Cell: _____	Cell: _____

Hand Signals: ACLS to Field (fist striking chest)	Designated Responders: Cheerleading Injury Response
Spinal Immobilization (arms stretched out horizontally)	Band Injury Response
Concussion (finger pointed to head)	Spectator Response Plan
Additional Signals	Scene Control Plan
	AeroMedical Land Zone Coordinates & Location
	Fire Department: Phone Number
	Police Department: Phone Number



MTO Extras

All Equipment on Stretcher.
 Entire Group visually checks and reviews equipment guidelines.
 30 minutes prior to kickoff recommended.



TEAM APPROACH CPR
 Bare Chest, Immediate Compressions: Hard & Fast
 AED ASAP: Pocket Mask, King Airway, Paramedic IV Meds

GOOD COMPRESSIONS SAVE LIVES

Athletic Trainer SIGNALS used to summon EMS, other ATs, Medical Staff

- Baseball "You're Safe"** sign: EMS brings spinal motion restriction stretcher, 8' EMTs, ATs, Assists, go to player.
- Fist Striking Chest** sign: Cardiac, Resp. Arrest: bring AED, O2, stretcher; ATs remove uniform.
- Pointing at Head:** Possible Concussion - SCAT5 Assess

Athletic Trainer(s) Responsibility

Emergency Response Plan, Player Medical History, Multi-tool Equipment Removal (Facemask and Helmet Included) Kit, Knowledge of Equipment in Play, Backboard & Location (If Not With EMS)

Doctor or Medical Staff Responsibility

Sports Injury Experience for Team Physician, Care Coordination

EMS Provider Responsibility

AED, C-collar, Towel Rolls, Stretcher, Backboard and Straps, 2 Inch Securing Tape, Sheets, King Airway, Cold Packs, BLS or ALS First Out Med Bag

School Officials & Law Enforcement Responsibility

Keys to Gates and Doors, Egress Routes, Directions to Hospitals, Aeromedical Landing Coordinates, Scene Control, Equipment Retrieval if Necessary

Multi Person Lift

If Football Player is Supine (on back) consider: 8 Person Lift onto Backboard

Rescuer holding C-Spine (at head) is in control of the lift. "Lift player 6 inches off field on my command."

"Ready, LIFT"

- * Four Point Stance, 2 feet 2 knees
- * Strongest or most experienced lifters at the shoulders
- * Palms up, full two hands
- * Do not lift by player's arms or front of shoulder pads

Torso lifters: Palms up, One hand at lower buttocks, Second hand at mid-back

Leg lifters: Palms up, One hand at the lower calf muscle, Second hand under the mid-thigh.

Rescuer who will be sliding backboard should ensure adequate space between opposing lifter's knees and toes for backboard positioning.

Carefully slide the backboard under the player from the feet to the head, being cautious not to get caught on the shoulder pads or back of helmet.

The backboard will stop when it impacts the knees of the Rescuer at the head. The Rescuer will note that the helmet or head is in the correct position.

"Ready, Lower"



Environmental Risk Status

Consider water breaks for **Extreme Heat** (measure WBGT)

Warming breaks for **Extreme Cold**

Designate evacuation location for **Lightning**

SCAT 5 Symptom Evaluation

How do you feel?

(You should score yourself on the following symptoms, based on how you feel now.)

	None	Mild	Moderate	Severe
Headache	0	1	2	3
"Pressure in Head"	0	1	2	3
Neck Pain	0	1	2	3
Nausea or Vomiting	0	1	2	3
Dizziness	0	1	2	3
Blurred Vision	0	1	2	3
Balance Problems	0	1	2	3
Sensitivity to Light	0	1	2	3
Sensitivity to Noise	0	1	2	3
Feeling Slowed Down	0	1	2	3
Feeling like 'in a fog'	0	1	2	3
"Don't feel right"	0	1	2	3
Difficulty Concentrating	0	1	2	3
Difficulty Remembering	0	1	2	3
Fatigue or Low Energy	0	1	2	3
Confusion	0	1	2	3
Drowsiness	0	1	2	3
More Emotional	0	1	2	3
Irritability	0	1	2	3
Sadness	0	1	2	3
Nervous or Anxious	0	1	2	3
Trouble Falling Asleep	0	1	2	3

Total Number of Symptoms _____
 (Maximum possible 22)

Symptom Severity Score _____
 (Maximum possible 132)

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal what percent of normal do you feel?

If not 100%, why?





Review this checklist before any athletic event.

- ACLS EMS
- AED Sidelines
- Sentinel Seizure/
Agonal Respiration Awareness
- Backboard
- Face Mask Removal Tool
- C-Spine Protocol
- ★ Environmental Risk Status
- ★ Cool Prior To Transport
- Lightning Plan
- ★ Hemorrhage Control Kit

EMS Squad:	Name/Number	
EMS Providers:	Name	
	Cell	
	Name	
	Cell	
Designated Hospital		
ED Contact Number		
Game Administrator:	Name	
	Cell	

Home Team Physician	Name:	
	Cell:	
Visitor Team Physician	Name:	
	Cell:	

Home Athletic Trainer	Name:	
	Cell:	
Visitor Athletic Trainer	Name:	
	Cell:	

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Extreme Heat
(measure WBGT)

Warming breaks for
Extreme Cold

Designate evacuation
location for **Lightning**



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(You should score yourself on the following symptoms, based on how you feel now.)

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"Pressure in Head"	0	1 2	3 4	5 6
Neck Pain	0	1 2	3 4	5 6
Nausea or Vomiting	0	1 2	3 4	5 6
Dizziness	0	1 2	3 4	5 6
Blurred Vision	0	1 2	3 4	5 6
Balance Problems	0	1 2	3 4	5 6
Sensitivity to Light	0	1 2	3 4	5 6
Sensitivity to Noise	0	1 2	3 4	5 6
Feeling Slowed Down	0	1 2	3 4	5 6
Feeling like "in a fog"	0	1 2	3 4	5 6
"Don't feel right"	0	1 2	3 4	5 6
Difficulty Concentrating	0	1 2	3 4	5 6
Difficulty Remembering	0	1 2	3 4	5 6
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Sadness	0	1 2	3 4	5 6
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Trouble Falling Asleep	0	1 2	3 4	5 6

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Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what
percent of normal do you feel?

If not 100%, why?

MTO - BACK PAGE

BOTTOM LEFT

Multi Person Lift

- 8 Person
- Four Point Stance
- Strongest at shoulders
- Palms up, full two hands
- Rescuer holding C-Spine in control “Lift player 6 inches on my command”
- Slide backboard from feet to head

BOTTOM RIGHT

SCAT 5 Symptom Score

- Total Number of Symptoms
- Symptom Severity Score
- Worse Physical Activity ?
- Worse Mental Activity ?
- If 100% Normal ___%
- **EMS Hand off to ER**
- **ER Hand off to Parents**



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- Backboard
- Face Mask Removal Tool
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- Environmental Risk Status
- Cool Prior To Transport
- Lightning Plan
- Hemorrhage Control Kit

EMS Squad: Name/Number

EMS Providers: Name

Cell

Name

Cell

Designated Hospital

ED Contact Number

Game Administrator: Name

Cell

Home Team Physician Name:

Cell:

Visitor Team Physician Name:

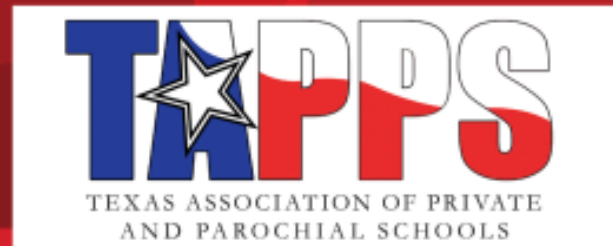
Cell:

Home Athletic Trainer Name:

Cell:

Visitor Athletic Trainer Name:

Cell:



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Review this checklist before any athletic event.

- ACLS EMS
- Backboard
- Face Mask Tools
- Heat Risk Status
- Cool Prior To Transport
- AED Sideline
- Sentinel Seizure/
Agonal Respiration Awareness
- C-Spine Protocol
- Lightning Plan
- Hemorrhage Control Kit

Game Administrator: Name	
Cell	
EMS Squad: Name/Number	
EMS Providers: Name	
Cell	
Name	
Cell	
Designated Hospital	
ED Contact Number	
Game Official (Referee)	

Home Team Physician	Name:	
	Cell:	

Home Athletic Trainer	Name:	
	Cell:	

Visitor Team Physician	Name:	
	Cell:	

Visitor Athletic Trainer	Name:	
	Cell:	



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EMS Squad:	Name/Number	
EMS Providers:	Name	
	Cell	
	Name	
	Cell	
Designated Hospital		
ED Contact Number		
Game Administrator:	Name	
	Cell	

Home Team Physician	Name:	
	Cell:	

Home Athletic Trainer	Name:	
	Cell:	

Visitor Team Physician	Name:	
	Cell:	

Visitor Athletic Trainer	Name:	
	Cell:	



2020 CHECKLIST

Review this checklist before any athletic event.

- ACLS EMS
- Backboard
- Face Mask Tools
- Heat Risk Status
- Cool Prior To Transport
- AED Sideline
- Sentinel Seizure/
Agonal Respiration Awareness
- C-Spine Protocol
- Lightning Plan
- Hemorrhage Control Kit

Game Administrator: Name	_____
Cell	_____
EMS Squad: Name/Number	_____
EMS Providers: Name	_____
Cell	_____
Name	_____
Cell	_____
Designated Hospital	_____
ED Contact Number	_____
Game Official (Referee)	_____

Home Team Physician	Name: _____
	Cell: _____
Visitor Team Physician	Name: _____
	Cell: _____

Home Athletic Trainer	Name: _____
	Cell: _____
Visitor Athletic Trainer	Name: _____
	Cell: _____

Hand Signals:

ACLS to Field
 (fist striking chest)

Spinal Immobilization
 (arms stretched out horizontally)

Concussion
 (finger pointed to head)

2020 Infection Control

COVID 19 Community Update

Sideline PPE/Sanitizer

Event Hydration Planning

Athletes Staff Officials

Designated Responders:

Cheerleading Injury Response

Band Injury Response

Spectator Response Plan

Scene Control Plan

AeroMedical Land Zone Coordinates & Location

Fire Department: Phone Number _____

Police Department: Phone Number _____



NFL – 60 Minute Meeting

This starts here, this starts with us.

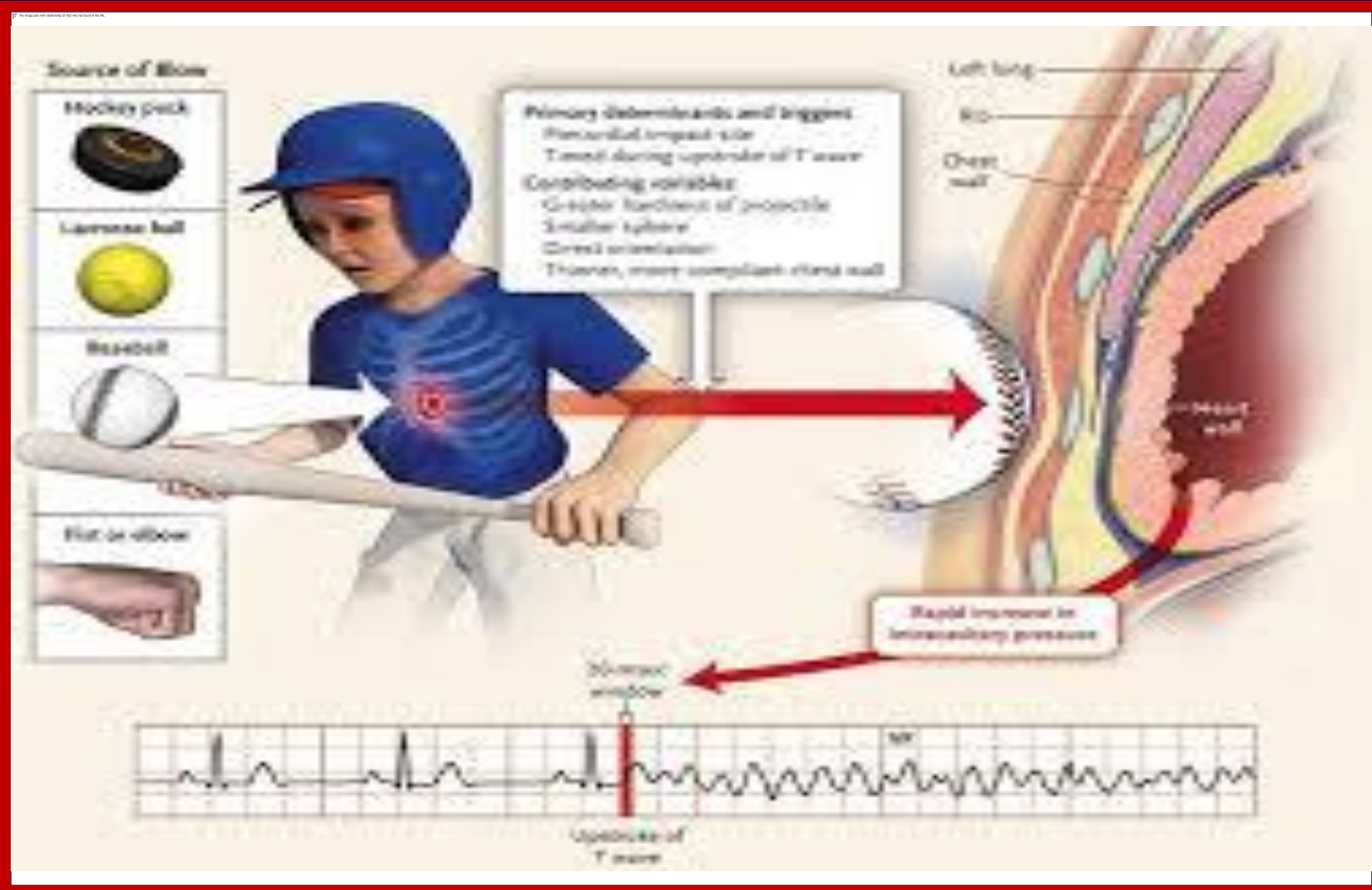


Prepare for Worst Case Scenario



- Assume that it will happen to you
- Preparation will make you more comfortable, more confident with life threatening scenarios
- Know what your role is, not **IF** it happens, but **WHEN** it happens
- Don't let it be the first time you think about it
- Pre-game “medical time out”

Cardiac Concussion



MTO FRONT PAGE

HAND SIGNALS

BOTTOM LEFT

- ❑ Backboard - Baseball “You’re Safe”
- ❑ ACLS to Field - Crossed Arms over Chest
- ❑ Concussion Alert – Finger point to Head
- ❑ Airway Emergency – Hand Clap over Head
 - * NFL – “60 Minute Meet” 2018 add on with required sideline EMP/ Paramedic combo

The Kyle Group MTO Update



2022 CHECKLIST

Review this checklist before any athletic event.

- ACLS EMS
- Sideline AED
- Sentinel Seizure/
Agonal Respiration Awareness
- Sideline EPI Pen/Rescue Inhaler
- Hemorrhage Control Kit
- Face Mask & Equip. Removal Tools
- Spinal Motion Restriction Equipment
- C-Spine Protocol
- Environmental Risk Status
- Game Day Special Circumstances

EMS Squad: Name/Number

EMS Providers: Name

Cell

Name

Cell

Designated Hospital

ED Contact Number

Game Administrator: Name

Cell



Incident Designee:

PRE-GAME EAP CHECKLIST

AMERICAN FOOTBALL

	ATC	TEAM DOC	EMS	MTO	REF AT MTO	TEAM MEDIC
NFL	* * * *	* * * * * * *	ACLS	YES 60 minute meeting	YES	YES AIRWAY
NCAA DIV 1	++++	+++	ACLS	MOST	FEW	RARE
NCAA DIV 2-3	++	+	ACLS	SOME	RARE	RARE
URBAN HS	+	+	ACLS or NONE	MANY	RARE	RARE
RURAL HS	+/-	+/-	ACLS BLS	SOME	RARE	SOME

“Growing Pains” Football MTO

	ATC	TEAM DOC	EMS	MTO	REF AT MTO	TEAM MEDIC
NFL	* * * *	* * * * * * *	ACLS	YES 60 minute meeting	YES	YES AIRWAY
NCAA DIV 1	++++	+++	ACLS	MOST	FEW	RARE
NCAA DIV 2-3	++	+	ACLS	SOME	RARE	RARE
URBAN HS	+	+	ACLS or NONE	MANY	RARE	RARE
RURAL HS	+/-	+/-	ACLS BLS	SOME	RARE	SOME

Next Steps

Friday Night Medical Time Out

- ❑ Referee required formal MTO
- ❑ Pre-season EMS In-service
- ❑ Sideline Paramedic
- ❑ “Wise Five” SCA in the on-field,
in-play Athlete

Is there a Doctor on the Plane?



Glenn Henry
UGA Team Medic

AIRWAY
EMERGENCY

C-SPINE CONTROL

SCA

OPEN LONG BONE FRACTURE

BLEEDING
CONTROL

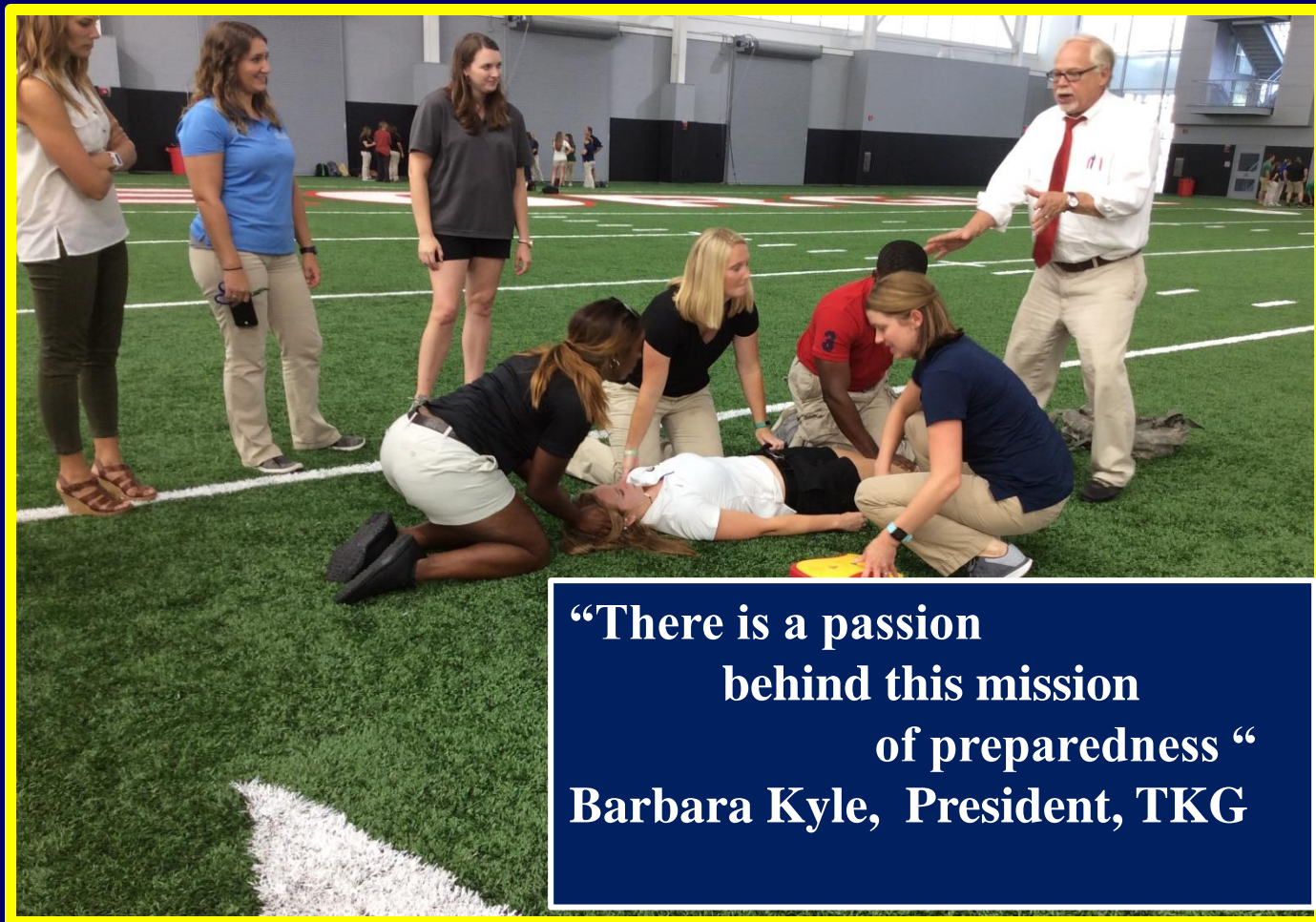
ASTHMA
ATTACK

BEE STING
REACTION

Is there a Medic on the Sideline ??

The 5 P's

Proper Preparation Prevents Poor Performance



**“There is a passion
behind this mission
of preparedness “
Barbara Kyle, President, TKG**

Athlete SCA - First Five

Sudden Cardiac Arrest in the on-field, in-play Athlete
Quick Reference

FIRST FIVE

Observed event(s)

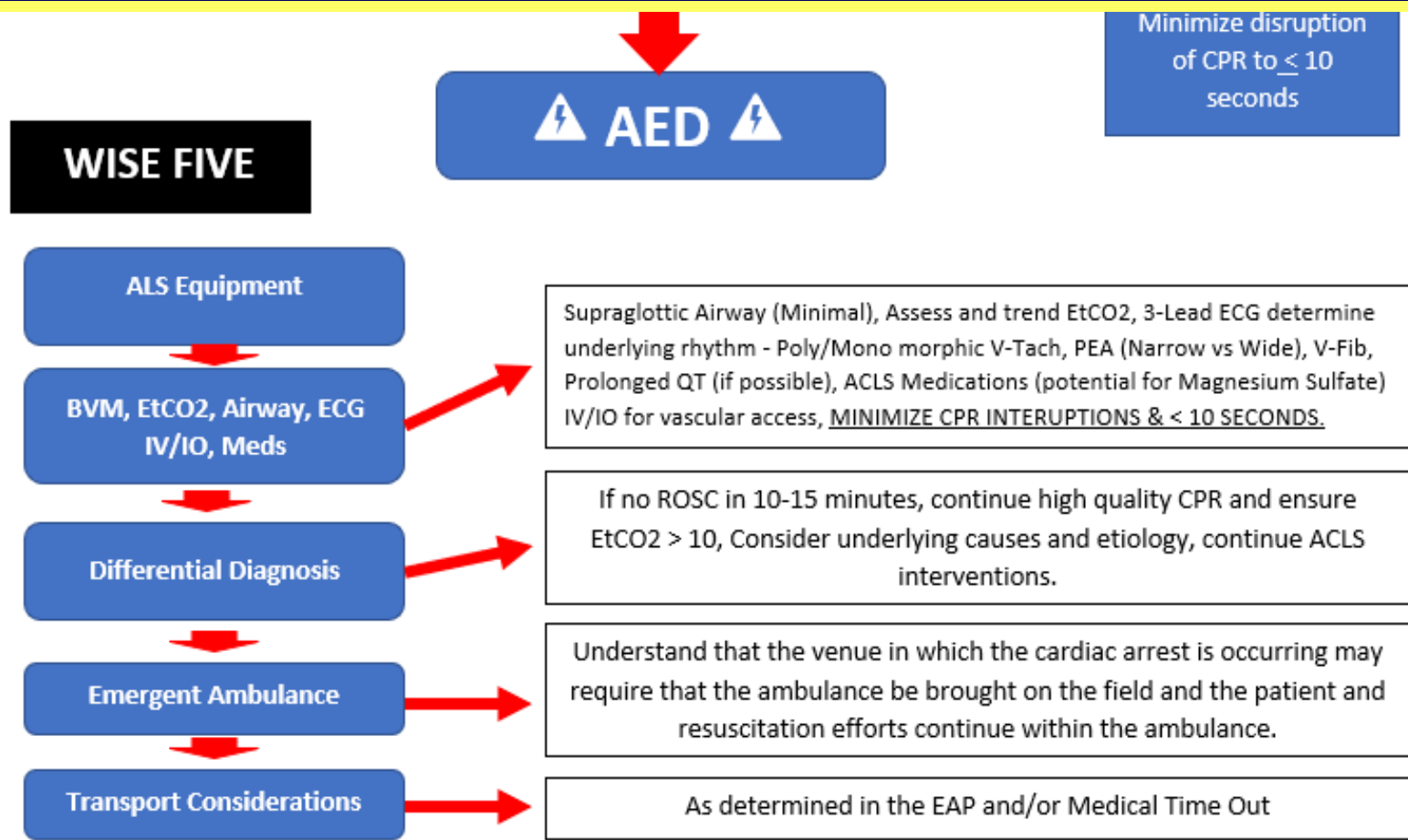
Athlete Assessment

Immediate Chest Compression ONLY CPR
Minimum 2 minutes

Access Chest

Expose the Chest
Cut away Jersey while performing chest compressions .
Open shoulder pads in order to expose the chest for CPR & AED
Minimize disruption

Athlete SCA - “Wise Five”



“There is a passion
behind this mission
of preparedness
Barbara Kyle, President, TKG

The “What If’s” become
NEED TO KNOW’S
Dr Jim Kyle, Ex Director



FRIDAY NIGHT

MEDICAL TIME OUT



WVU Pediatric Department

September 2021- Grand Rounds



Pediatric Sports Medicine

Friday Night Lights

Dr. Jim Kyle, MD, FACSM

Executive Director, The Kyle Group
Regional EMS Medical Director WVOEMS
Medical Director, *Rely MD* Telemedicine

Pediatric Sports Medicine

- Exercise is medicine
- Yearly Sport physical
- Heart Auscultation, Adolescent EKG
- Mental health
- Exercise induce bronchospasm screening
- Safe sports play advocates

Friday Night Medical Time Out

Pediatric Grand Rounds Pre-Test

1. How many states have enacted concussion legislation with return to play guidelines ?
 - a. All **5/40**
 - b. 44
 - c. 32
 - d. Less than half **20/40**

Friday Night Medical Time Out

Pediatric Grand Rounds Pre-Test

2. What best describes the etiology of a sentinel seizure?

- a. Head injury with no loss of consciousness
- b. **Sudden Cardiac Arrest with V-fib 2/40**
- c. Head injury with loss of consciousness **30/40**
- d. Athlete with seizure disorder stopped medication

2007 NATA Position Paper

SCA in Athletes Summit (Courson, Drezner)

- **Most cases occur with Basketball, Football and Little League Baseball**
- **9 to 1 Male/Female**
- **Athlete Collapse – Suspect SCA**
- **Sentinel Seizure awareness**
- **AED's with time to shock < 4 minutes**
- **Coach AED certification**
- **Schools need a formal Emergency Medical Plan**
- **Rapid ACLS availability**

Friday Night Medical Time Out

Pediatric Grand Rounds Pre-Test

3. Sickle Cell Trait has been the cause of exercise collapse and death in 10 collegiate football players in the past decade. Typically this occurs after aggressive pre-season training drills with leg weakness, dyspnea and progression to PEA cardiac arrest. Rhythm strip analysis at time of initial resuscitation typically demonstrates:

- a. Atrial Fibrillation
- b. Peaked T waves from Hyperkalemia **11/40**
- c. Profound bradycardia
- d. Frequent PVCs

ANSWER _____

Friday Night Medical Time Out

Pediatric Grand Rounds Pre-Test

5. During the first quarter of the football game a high school defensive back makes a tackle using his helmet for initial contact and suffers a brief period of LOC. What grade of concussion occurred?

- a. Grade 1
- b. Grade 2
- c. Grade 3
- d. None of the above **4/40**

ANSWER _____

Friday Night Medical Time Out

Pediatric Grand Rounds Pre-Test

10. A 15yo High School football player during early August practice has altered mental status and confusion. His rectal temp = 104.5. EMS with ACLS capability is on scene covering practice. The most important next intervention
- a. Start 2 large bore IV with NS bolus and place in shaded area
 - b. Remove pads and rapid ice immersion until rectal temp < 102 **8/40**
 - c. Code III transport to nearest ER with IV bolus and external cooling **20/40**
 - d. None of the above

ANSWER