



MASS GATHERING INTRAVENOUS HYDRATION

PURPOSE

To establish a standard approach to providing intravenous hydration to participants or attendees of a sporting or mass gathering event (marathon, festival, etc). The management of patients with exertional heart stroke is a distinctly different patient population and should be managed according to protocol and regional policy.

POLICY

A paramedic, with the express authorization of its Medical Director for the event in which this policy will be used and who (or their designee) is available for telephone consultation during the event, may provide intravenous hydration and obtain a refusal of transport provided:

The patient is between 15 and 65 years of age;

AND

The patient presents with presumed dehydration/heat exhaustion in patients with no signs of heat stroke, altered mental status, or other medical condition;

AND

The patient has no significant comorbidity (e.g. no reduced heart function, CHF, or other comorbidity that might mean less tolerant of fluids);

If the above criteria are met:

1. Perform routine history and physical exam.
2. Administer 1000ml crystalloid IV and provide concurrent oral hydration and cooling.
3. Reassess the patient's response to intravenous and oral hydration.
4. Following IV fluid administration, a paramedic may release the patient after obtaining documented refusal of transport, has removed the IV, and the patient has been instructed to continue oral rehydration and cooling if the following conditions are met:

The patient exhibits no pulse sign or symptom of orthostasis (pulse sign is greater than 20 increase when standing; symptomatic orthostasis is dizzy or lightheaded upon standing)

AND

The patient's vital signs are within normal limits (HR 60-100, RR 8-20, SBP 90-140, SaO₂>94%)

AND

The patient is tolerating PO fluids



AND

The patient has no complaints and does not want transport to the ED

5. The agency Medical Director (or designee) must be contacted for any intravenous fluids beyond one liter, if the paramedic believes the patient would benefit from further field treatment in lieu of transport, or with any concerns regarding the patient's presentation or response.
6. All other care is to be provided consistent with regional protocols.

Approved by the Monroe-Livingston REMAC 12/15/2025