

Frostbite:

Is damage to the skin resulting from exposure to low temperatures (cold) and/or wind. Often affects parts of the body that have the poorest circulation of blood and the greatest exposure to the cold. Hands, feet, face, and ears are the most commonly affected body parts.

Symptoms:

- Considerable pain and redness in fingers, toes, cheeks, ears or nose.
- Grayish white color due to frozen tissues much like burns, the degree of severity is described as first degree, second and third degree.

First Degree: Skin is white or slightly yellow, there is a burning or itching feeling.

Second Degree: Skin is reddened or swollen and there is no feeling.

Third Degree: If the skin is waxy or hard, the skin tissue has died. There may be blistering. Severe cases may result in damage to the muscles, tendons and nerves. Blood clots may form and inhibit circulation causing gangrene.

Treatment:

Gradually warming the affected skin is key to treating frostbite. To do so:

- **Protect the skin from further exposure.** If outside, warm frostbitten hands by having person tuck them into their armpits. Protect their face, nose or ears by covering the area with dry, gloved hands. Don't rub the affected area and never rub snow on frostbitten skin.
- **Get out of the cold.** Once indoors, remove wet clothes.
- **Gradually warm frostbitten areas.** Put frostbitten hands or feet in warm water — 104 to 107.6 F (40 to 42 C). Wrap or cover other areas in a warm blanket. Don't use direct heat, such as a stove, heat lamp, fireplace or heating pad, because these can cause burns before being felt on numb skin.
- **Don't allow person to walk on frostbitten feet or toes if possible.** This further damages the tissue.
- **If there's any chance the affected areas will freeze again, don't thaw them.** If they're already thawed, wrap them up so that they don't become frozen again.
- **Get emergency medical help.** If numbness or sustained pain remains during warming or if blisters develop, seek medical attention.