

Health

Staying safe in the heat

When the weather gets hot, it's fun to be outside, but it's also important to stay safe. Too much heat can make you very sick. Two of the most serious heat-related illnesses are heat exhaustion and heat stroke. Knowing the difference between them can help save lives.

What Is Heat Exhaustion?

Heat exhaustion happens when your body gets too hot and starts to lose water and salt from heavy sweating. This often occurs during sports, hard work, or long hours outside in the heat. It is serious but not usually life-threatening if identified and treated quickly.

A person with heat exhaustion will usually have a body temperature that is higher than normal, but still below 104°F (40°C). They may feel dizzy, tired, or weak. Some common symptoms include a headache, nausea, and muscle cramps. The person may sweat heavily, and their skin may be cool, pale, or clammy. Their pulse may feel fast but weak. Some people may faint or feel like they're going to pass out, and their walking may be unsteady.

Even though they may feel confused or lightheaded for a moment, their mental status stays normal. That means they can talk clearly and answer questions, even if they feel sick.

This is one of the biggest differences between heat exhaustion and heat stroke.

If someone has these symptoms, move them to a cool place right away. Help them lie down and rest. Give them water or a sports drink, and use fans, cool cloths, or shade to lower their body temperature. Most people get better within 30 minutes if they are treated quickly.

What Is Heat Stroke?

Heat stroke is much more serious, and it can be deadly if not treated immediately. It happens when the body temperature rises above 104°F (40°C) and the brain begins to shut down. This is a medical emergency, and one should immediately call 911.

Heat stroke can cause major changes in how someone acts. A person may become confused, start talking strangely, act aggressively or angry, or even have seizures. They may faint, pass out, or go into a coma. Their behavior may seem very strange, and they may not know where they are or what is happening. This change in mental status is a key sign that someone has heat stroke, not just heat exhaustion.

Their skin may feel hot and dry if it's classic heat stroke (which usually happens in older people during extreme heat). But in exertional heat stroke (which happens more in athletes), the person may still sweat some or may feel damp from the clothes retaining sweat they are working out in. They may also have a very fast heartbeat, nausea, vomiting, and slurred speech.

Key Differences: Heat Exhaustion vs. Heat Stroke

It's important to know the main differences between heat exhaustion and heat stroke. In heat exhaustion, the person sweats, has cool or clammy skin, and usually has a normal mental state, even if they feel dizzy. In heat stroke, the body temperature is much higher, and the person may act confused, pass out, or have seizures. Mental changes like confusion or strange behavior are the biggest warning signs of heat stroke and mean you need emergency help right away.

How Are Heat Stroke and Severe Heat Exhaustion Treated?

When heat stroke or a severe case of heat exhaustion happens, the body must be cooled down as fast as possible. This is called rapid cooling, and it can save a life. The best and most effective way to cool someone quickly is to place them in an ice bath. If that is not available, you can also place ice packs on the groin, armpits, and chest, which are areas where blood flows close to the skin. This helps cool the body faster. Time is critical and cooling should begin while waiting for emergency help to arrive.

Prevention: How to Stay Safe

The best way to stay safe is to avoid getting overheated in the first place. Drink plenty of water, wear light and loose clothing, and take breaks in the shade. Try to avoid the hottest part of the day, usually between 11 a.m. and 4 p.m., and rest often if you are working or exercising outside.

What Is Wet Bulb Testing?

One way schools and sports teams keep people safe in the heat is by using Wet Bulb Globe Temperature testing, or WBGT. This special tool looks at temperature, humidity, wind, and sun to measure how hot it really feels. It helps coaches and staff decide whether it's safe to practice or play sports outside.

In general, in the south for high school sports, when the WBGT is under 82 degrees, outdoor activity is usually safe. Between 82 and 86.9 degrees, student athletes should receive water breaks every 15 to 20 minutes and watch closely for heat illness. When the WBGT is between 87 and 89.9 degrees, practice must be limited to one hour and may require removing pads and helmets. At 90 degrees or higher, all outdoor athletic activity should be canceled or moved indoors and carefully monitored.

Best Time to Exercise

To stay safest, exercise early in the morning before 10 a.m. or in the evening after 6 p.m., when the sun is lower and the temperature is cooler. Avoid exercising in the middle of the day when the risk of heat illness is the highest.

Final Thought

Heat exhaustion and heat stroke are not the same. Heat exhaustion is serious but can usually be treated with rest, water, and cooling down. Heat stroke is a life-threatening emergency that needs immediate medical care. The biggest clue that someone may have heat stroke is a change in their mental state, like confusion, slurred speech, or passing out.

Both heat stroke needs rapid cooling to protect the brain and body. Ice baths are best, but if that's not possible, using ice on the groin, armpits, and chest can help. Wet bulb testing and smart choices about when and how to be active outside can help prevent these emergencies. Stay cool, stay alert, and enjoy the summer safely.

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CORA via NC Health News

SNAP-Ed programs help SNAP participants make nutritious food choices.

SNAP-Ed nutrition program falls victim to federal budget axe

Anne Blythe
NC Health News

As Congressional Republicans wrangled final votes for the federal budget that became law last week, a harsh reality was setting in for Molly De Marco, a research scientist at the UNC Center for Health Promotion and Disease Prevention.

Supplemental Nutrition Assistance Program Education, or SNAP-Ed, was one of the federally funded initiatives on the chopping block.

De Marco, also an assistant professor in nutrition at the UNC Chapel Hill Gillings School of Global Public Health, has been working in SNAP-Ed for 15 years — helping people learn how to stretch their dollars for nutritious meals, grow their own food and improve their health and physical fitness while also advocating for things in their communities that align with those goals.

North Carolina receives about \$11 million annually in SNAP-Ed funds, and \$1.8

million of that comes to the UNC program, which then leverages those funds to support community gardens and work with communities to help them make healthy food choices and more.

The sweeping budget that Congressional Republicans named the “One Big Beautiful Bill Act” eliminates SNAP-Ed, ending a 32-year-old nutrition program during a time when Robert F. Kennedy Jr., the U.S. secretary of health and human services, maintains that focusing on children's health, addressing obesity and tackling food additives will “Make America Healthy Again.”

“We were somewhat surprised that the administration and the House and Senate Republicans would just completely eliminate this program,” De Marco told NC Health News last week.

Lost jobs

In North Carolina, 176 people are employed through the SNAP-Ed program, De Marco said.

“People don't have other

funds to supplement these, so we're going to see most of these people just losing their job,” she added.

More than jobs will be lost with the demise of SNAP-Ed. Program administrators have gained lots of knowledge working with community partners about how to help people in their midst improve their diet. Those networks won't be as active.

“Just our team has at least 20 community partners,” De Marco said. “We provide them directly with funds to administer these community gardens, to work with youth on advocacy. We just don't know how to tell our community partners that come all October 1, all the plans we had? We're not going to be able to do that anymore.”

SNAP changes, too

The federal budget also makes cuts to Medicaid, SNAP and other safety net programs that could have a major impact on the health of North Carolinians, critics of the legislation say.

SNAP, which grew out of

a food stamp program started during the Great Depression, became a nationwide program in 1974.

Nearly 1.4 million North Carolinians participate in the program, according to Karen Wade, the state Department of Health and Human Services policy director, and 600,000 of them are children. Veterans, older adults and people with disabilities also are in that population.

Nearly 80 percent of the households that receive SNAP are working families, Wade said.

For just North Carolina, the new federal budget shifts at least \$475 million in costs of the food assistance program to the state, and an additional \$65 million for program administration, Wade told reporters at a Zoom briefing last week.

Anne Blythe, a reporter in North Carolina for more than three decades, writes about oral health care, children's health and other topics for North Carolina Health News.

UNC Health Southeastern launches self-service meal ordering

Amanda Crabtree
For The Robesonian

LUMBERTON — UNC Health Southeastern is pleased to announce the launch of self-service meal ordering for patients through an app on their phone known as the CBORD® Patient App.

This new capability enhances the patient experience by offering greater autonomy, interactive nutrition education, and an easier way for patients and loved ones to participate in care.

The app connects directly to UNC Health Southeastern's nutrition system, enabling real-time access to personalized meal choices based on each patient's dietary needs.

The program is being piloted on the Women's Health Services Unit, with plans to roll out to other hospital units this fall.

“I am extremely proud of the effort our team has put forth to ensure that our patients, family members and staff have a more convenient, accurate and efficient way to order food,” said Dr. Patrick Ebri, UNC Health Southeastern senior vice president and general manager for health care and corporate. “It is indeed a game changer.”



Ebri

Designed in collaboration with registered dietitians, the app empowers patients and their families to make informed meal choices and better understand how nutrition impacts wellness. Users can actively engage in their care by learning how their food selections align with their treatment plans.

“We're redefining what patient-centered care looks like — starting with the menu,” said Arun Ahuja, VP of Healthcare

Strategy at Transact + CBORD. “Together with UNC Health Southeastern, we're making hospital stays more personalized and empowering through technology.”

Patients admitted to UNC Health Southeastern can access the app on their mobile device or via desktop. After creating a profile, users can view menus and place meal orders. Dietary restrictions and clinical guide-

lines are built into the app, displaying only foods suitable for the patient's specific diet. For those on nutrient-controlled diets (e.g., fluid, carbohydrate, protein), the app will provide guidance and automatically limit selections that exceed allowable thresholds.

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